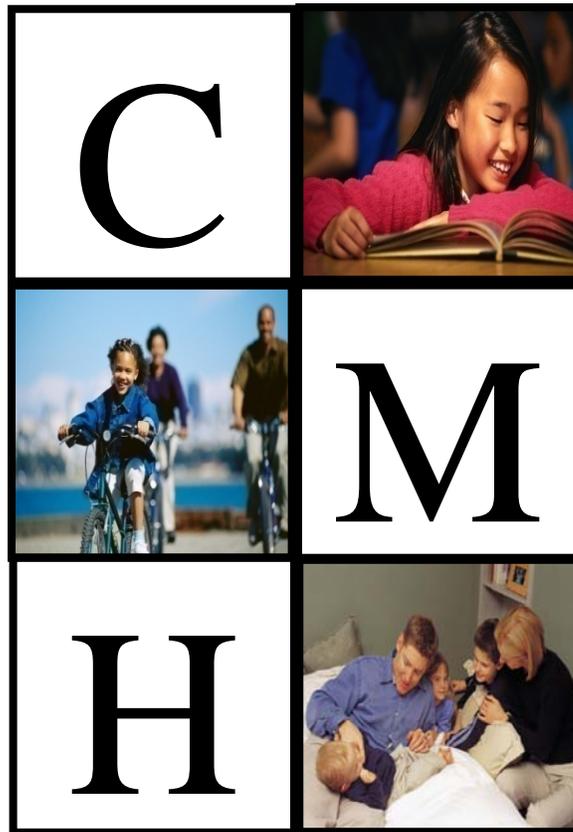


Family Handbook

For Families of Children with Special Health Care Needs in Ohio



Provided to Families by:
The Ohio Department of Health
Children with Medical Handicaps
246 North High Street
P.O. Box 1603
Columbus, OH 43216-1603
Phone: (614) 466-1700
Family Toll-free Number: 800-755-4769 Fax:
(614) 728-3616
E-mail: bcmh@odh.ohio.gov

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Part One: Children with Medical Handicaps (CMH)

A. What is CMH? (Formerly BCMH)

Children with Medical Handicaps (CMH) is a tax-supported health care program in the Ohio Department of Health that has been serving children with special health care needs and their families since 1919. Until 2015 CMH was called Bureau for Children With Medical Handicaps(BCMh)

The mission of CMH is to assure, through the development and support of high quality coordinated systems, that children with special health care needs and their families obtain comprehensive care and services that are family-centered, community-based, and culturally competent.

B. Contacting CMH

Address: Children with Medical Handicaps
P.O. Box 1603
Columbus, OH 43216-1603

Phone: 1-614-466-1700 (General CMH number)
1-800-755-4769 (Toll-free for parents only)

Please note: When calling the CMH with specific questions about a child/client on the program, please give the child /client's name, date of birth and CMH case number to the customer service representative. This information will allow CMH staff to answer your questions in a prompt and accurate manner.

Fax: 1-614-728-3616

E-mail: bcmh@odh.ohio.gov

C. CMH Programs and Services

Although CMH covers a wide range of services, it is important to know the CMH program does not cover all the services a child with special health care needs may require, nor are all services eligible for every diagnosis. Authorized services must be related to the child's CMH-eligible medical condition.

1) The Diagnostic Program

Children can receive services from CMH-approved providers to rule out a special health care need, diagnose a condition or develop a plan of treatment.

Covered Services:

- Visits to CMH-approved doctors (M.D. / D.O.)
- Dental consults
- Tests and X-rays
- Occupational, physical and speech therapy evaluations
- Public health nurse services
- Up to five days in the hospital
- Community nutrition consults

How a child is Enrolled

- A CMH-approved doctor (MD/DO) must submit a medical application form (MAF) to CMH on behalf of the child. The parent, legal guardian or client (if 18 years of age or older) must sign the medical application form or the release of information and consent form before the case can be reviewed for approval or denied.
- A public health nurse can begin the process by referring the child to a CMH-approved doctor and submitting a public health nurse referral to the program.

Length of services: Services are authorized for three months

2) **The Treatment Program**

CMH can cover services by CMH-approved providers to treat an eligible medical condition. The family must **also** be financially eligible.

Covered Services (This is **not** a complete list of authorized services. The list will vary with each eligible medical condition.)

- Days in the hospital
- Visits to CMH-approved doctors (MD/DO)
- Public health nurse services
- Physical/occupational/speech therapy
- Medical supplies/equipment
- Nutrition consults/services
- Orthotics/prosthetics/hearing aids
- Special formula
- Glasses/contact lenses
- Surgery and anesthesia
- Dental care
- Prescription drugs

Examples of Eligible Conditions (Not a complete list)

- Birth defects
- Hearing loss
- Diabetes
- Epilepsy
- Cancer
- Sickle cell disease
- Hemophilia
- Chronic lung disease
- Cerebral palsy
- Spina bifida
- PKU and other metabolic conditions
- Congenital heart disease

Ineligible Conditions

- Learning disabilities
- Behavior problems
- Mental retardation
- Allergies
- Conditions that are self-correcting through growth
- Acute or infectious conditions
- Psychological/emotional disorders
- Routine orthodontic problems
- Experimental care
- Well-child care
- Developmental delay

How a Child is Enrolled

- A CMH doctor (M.D. / D.O.), who will manage the child's care, must submit a medical application form to CMH on behalf of the child.
- The parent, legal guardian or client (if 18 years of age or older), must sign the medical application form or a release of information and consent form before the application can be reviewed for approval or denied.

- The parent or legal guardian must complete the forms in the income eligibility packet that they receive from CMH and return all required information to CMH. These documents are used to determine financial eligibility.

Length of Services: Services are authorized for one year. If both medical **and** financial eligibility are maintained, services may be renewed yearly until the child reaches the age of 21.

3) **The Service Coordination Program**

Helps parents locate and coordinate the services their child may need. This program does **not** pay for medical services and has **no** financial eligibility criteria.

Covered Services

- Coordination of care provided by a hospital-based service coordinator and a local public health nurse.
- Development of a plan by the team service coordinator, physician, public health nurse and the family to meet the needs of the child.

How a Child is Enrolled

- The team service coordinator must send a medical application form to CMH.
- The parent, legal guardian or client (if 18 years of age or older), must sign the medical application form or a release of information and consent form before the application can be reviewed for approval or denied.

Length of Services: Services are authorized for one year. If eligibility is maintained, service coordination may be renewed yearly until the child reaches the age of 21.

D. Other CMH Programs

- **Hemophilia Insurance Premium Payment Program**

The HIPP program is offered to persons 21 years of age or older who have hemophilia or a related bleeding disorder. The client must be under the care of a CMH-approved hemophilia treatment center and have health insurance or access to a health insurance plan.

- **Adult Cystic Fibrosis Program**

Separate funding is granted by the Ohio General Assembly for limited treatment services for persons over age 21 with cystic fibrosis. Financial eligibility is required.

- **Genetics Programs**

- The Ohio Department of Health (ODH) provides metabolic formula to individuals with phenylketonuria (PKU), homocystinuria and other metabolic disorders. Babies born with these disorders are identified through Ohio's Newborn Screening Program. Approximately 350 individuals, from infants to adults, receive metabolic formula through this program. Children with these disorders are medically eligible for the CMH Diagnostic and Treatment Programs.

- ODH funds seven Regional Comprehensive Genetics Centers around the state to ensure and enhance the accessibility and availability of quality, comprehensive genetic services to all Ohioans. These services include genetic counseling, education, diagnosis and treatment. The centers provide services at hospital campuses and outreach clinics in 20 counties. Approximately 60,000 individuals receive services from genetic centers each year. Many of the children seen at the genetic centers are eligible for CMH services.
- ODH funds two sickle cell initiatives:
Regional sickle Cell Services Projects and the Statewide Sickle Cell Family Support Initiative. The six Regional Sickle Cell Services Projects ensure and enhance the availability and accessibility of quality and comprehensive services for newborns, children and adults with, or at risk for sickle cell disease, sickle cell trait and related hemoglobin disorders. Services include newborn hemoglobin screening follow-up; hemoglobin counseling; outreach education; adolescent-to-adult care transition; referral services for diagnosis, treatment and management. The Statewide Sickle Cell Family Support Initiative provides family education and training programs; patient/client advocacy; supportive interventions; referral services; public awareness and media campaigns. More than 20,000 individuals receive services from sickle cell programs each year. Children with sickle cell disease are medically eligible for the CMH diagnostic and treatment programs. Children with sickle cell trait are medically eligible for the CMH diagnostic program.
- **Ohio Connections for Children with Special Needs**
(Ohio's Birth Defects Information System)
Hospitals are required by state law to report children from birth to 5 years with a birth defect to the Ohio Department of Health. The data are used to determine the incidence and prevalence of birth defects in Ohio; detect trends; link children with public health programs such as CMH and Help Me Grow; and to educate Ohioans about birth defects and how women can reduce their risk of having a baby born with a birth defect. Approximately 4,500-6,000 babies are born with a birth defect in Ohio each year. Children with birth defects are medically eligible for the CMH diagnostic and treatment programs.
- **Medicaid Spend Down Payment Assistance Program**
CMH staff helps families obtain and maintain quality medical care. One way CMH does this is to link families to different Medicaid programs. One of these programs is called Medical Assistance Disability (MA-D). This program provides a medical card that covers a broad range of health services. Individuals who are eligible for the MA-D program may have a Medicaid spend-down. If it is cost effective for CMH, and the child is enrolled on the CMH Treatment Program, CMH will pay the family's Medicaid spend-down to enable them to obtain a medical card.
- **Premium Payment Insurance Assistance Program**
Families who are using a COBRA option or who are paying annual health insurance premiums that are equal to or greater than 2.5 percent of their adjusted gross annual income and whose child is enrolled on the CMH Treatment Program, may be eligible for this program. For CMH to enroll a family on the Premium Payment Assistance Program, it must prove to be cost effective for CMH. Families are often referred to this program by public health nurses or by hospital staff.

- **Public Health Nurse Consultative Services**

This program is in cooperation with the Help Me Grow program of the Bureau of Early Intervention Services. Public health nurses and Help Me Grow service coordinators work together to assist families of children ages 0 to 3. Applications for this program are submitted to CMH on a special form. Upon approval, public health nurse services are authorized for one year. Some of these children may not be medically or financially eligible for the CMH Treatment Program.

E. Medical Eligibility

For the *Diagnostic Program*, a child must:

Be Under the age of 21

A permanent resident of Ohio

Under the care of a CMH-approved doctor (M.D. / D.O.) **And have** a possible special health care need

For the *Treatment Program*, a child must:

Be Under the age of 21

A permanent resident of Ohio

Under the care of a CMH-approved doctor (M.D. / D.O.)

Financially eligible

And have an eligible special health care need

For the *Service Coordination Program*, the child must:

Be Under the age of 21

A permanent resident of Ohio

Under the care of a CMH-approved hospital specialty team approved by CMH as provider of hospital based service coordination

And have a diagnosis eligible for service coordination

F. Financial Eligibility for the Treatment Program

The CMH Treatment Program has a financial eligibility requirement.

Determining Eligibility

Financial eligibility for CMH is determined case by case based on the following criteria:

- A percentage of the federal poverty income guidelines
- The family's taxable income
- The medical care the child needs
- A calculation of the family's maximum ability to pay for health care
- Amount spent on private health insurance
- Amount spent on weekly child care

CMH does not count personal assets such as a home, car or savings account when determining financial eligibility. Also, income from child support, stepparent income, or Social Security Income (SSI) for the child is not counted.

When a child's doctor applies to CMH for treatment services a child needs, CMH will send the parent or legal guardian a financial application packet. **It is important that all the instructions in the application packet are followed.** A form called the Combined Programs Application (CPA) will be in the packet. The CPA is the financial application form for CMH. The packet must be filled out and mailed to CMH along with pay stubs from each parent/adult client who is employed and a copy of their most recent federal income tax form (1040). A child receiving benefits through Medicaid, SSI or WIC is automatically financially eligible for CMH treatment services, regardless of the parent's income. CMH does not count stepparent income.

CMH and Healthy Start

Families who meet the income standards for the Healthy Start Program of the Ohio Department of Job and Family Services (ODJFS) will be required to apply to that program for coverage of medical services for their child. The income standards for Healthy Start are in the CMH financial application packet, along with instructions on how to apply. If over-income for the Healthy Start Program, the CPA and denial letter from Healthy Start can be sent to CMH for determination of eligibility for CMH.

If a Family is Determined to be "Over Income" for the CMH Program

If CMH sends the family a denial letter, stating they are "over-income" for the Treatment Program, they will also receive information about CMH's cost share program. The family will be given a cost share dollar amount and instructions on how they can meet that cost share amount. When the family provides proof to CMH that they have spent that amount of money on medical dental, and/or vision bills for any member of their family, they will have met their cost share. On the date the cost share is met, the child will become eligible for the Treatment Program for one year.

G. Letter of Approval

The Letter of Approval (LOA) is the record of services that CMH has approved for a child. CMH sends the LOA to the parent or legal guardian, the client (if 18 years of age or older), the doctor in charge of the child's care, and the local health department. **The LOA should always be presented when requesting services from a provider such as the doctor's office, hospital or drug store.** You should also provide the insurance or Medicaid card to providers if your child has this coverage. CMH is always the last program to pay for services.

The LOA Contains:

- Name, address, phone number and any other insurance or Medicaid coverage of the parent and child.
- Name, address and phone number of the doctor in charge of the child's care and the local health district in which the child lives.
- A list of the services CMH has approved for the child; who may provide those services; the number of units for each approved service*; and the primary payer for the services.
- The name of the CMH program the child is enrolled in (Diagnostic, Treatment or Service Coordination) and the approved date ranges for the services.
- Information about other programs the child may be enrolled in, the child's diagnosis and the next date income information must be submitted to CMH.

*Units of service may mean different things for each service.

Examples of Units of Service

<u>Service</u>	<u>Units</u>	<u>Meaning</u>
Basic dental services	1	1 visit
Medical equipment	1	1 piece of equipment
Emergency room visits	1	1 visit
Frames for glasses	1	1 frame
Lenses for glasses	1	1 lens
Contact lenses	1	1 lens
Inpatient Hospital	1	1 day in the hospital
Medical surgical supplies	1	1 months of supplies
Therapy (Physical, Occupational)	1	1 modality
Special formula	1	1 month of special formula
Prescription medications	1	1 months of prescription medications
Wheelchair	1	1 wheelchair
Basic outpatient services	1	1 day of outpatient services
Basic physician services	1	1 day of physician services
Orthodontic services	1	1 year of orthodontic services
Orthopedic shoes	1	1 shoe
Surgery/special procedure	1	1 surgery/special procedure

Note: This list gives examples of types of services and what **one** unit of service means. It is **not** a complete list. The units of service can be different for each diagnosis. If you have questions about your LOA, call the CMH or your local public health nurse.

H. Appeal Rights/Letter of Denial

CMH functions under the Ohio Revised Code (ORC) and rules of the Ohio Administrative Code (OAC). The appeal process is in the OAC. At any time, a parent may appeal a medical or financial denial of a case or services. However, to maintain your appeal rights, the applicant must file the appeal request within the time frames prescribed in the OAC.

When CMH sends a family a letter of denial, and the family wishes to appeal the denial, the following must be received by CMH **within 45 days** of the denial date contained in the letter.

- 1) A letter from the parent, legal guardian or client (if 18 years of age or older), asking CMH to reconsider the denial

OR

A letter from a third party such as the child's doctor or a public health nurse, with written permission from the patient, client or legal guardian, asking CMH to reconsider the denial

AND

- 2) A letter from a third party such as the child's doctor or a public health nurse, with written permission from the parent, client or legal guardian, asking CMH to reconsider the denial

AND

- 3) Any information that will help CMH to reach a final decision

When the needed information is received and reviewed, CMH may:

- Approve the appeal
- Ask for more information
- Abide by the original decision to deny the case or service

- If the appeal is not approved, the parent, client or legal guardian has **30 days** from the denial date in the letter to request a state hearing
- The letter of denial explains how to request an appeal hearing

For further information, contact CMH and ask to speak with the nursing administrator or a nurse case manager supervisor.

I. CMH Providers

To be eligible for payment by CMH, all approved services must be provided by CMH-approved providers. By state law, CMH **cannot** pay non-providers. Providers who would like to be approved by CMH can contact provider management staff at CMH and request an application packet. CMH providers include:

- Doctors (MD/DO)
- Dentists
- Hospitals
- Health departments
- Therapists
- Drug stores
- Medical supplies/equipment dealers
- Others who provide health care services

To locate a CMH provider, contact a public health nurse at a local health department. A listing of CMH providers can also be found on the ODH Web site:
<http://www.odh.ohio.gov/healthresources/healthcareprovidersmap.aspx>.

J. Public Health Nursing and Community Nutrition Services

Public Health Nursing Services

Public Health Nursing Services are approved for every child on the CMH program. A Public health nurse (PHN) can help families coordinate or obtain care for their child.

A Public Health Nurse is:

- A registered nurse (RN) employed by the local health department
- Skilled in working with children with special health care needs and their families
- An expert on what's available in the local community to help families

A PHN can provide the following services for a family:

- Explain the CMH program, the LOA and other CMH paperwork
- Discuss the child's plan of treatment
- Help fill out CMH forms
- Help find CMH-approved providers
- Work with other systems, such as school, to make sure the child's needs are met
- Help the family work with their insurance plan
- Help with appeals of denied services
- Make a home visit to the family

- Provide information about the child’s growth and development
- Assist families to access other programs, such as WIC, waiver programs, etc.
- To locate a local health department, refer to <http://www.odh.ohio.gov/localHealthDistricts/localHealthDistricts.aspx>.

Community Nutrition Services

Community nutrition consults are approved for children with selected diagnoses. CMH-approved community dietitians have experience working with children with special health care needs and are available in several Ohio counties to assist families. These dietitians may make home visits to assist families in carrying out their child’s special nutritional plan. To locate CMH-approved community dietitians, refer to the ODH Web site, <http://www.odh.ohio.gov/healthresources/healthCareProvidersMap.aspx>, or contact the CMH nutritionist at 1-800-755-4769.

K. CMH and Insurance

CMH is the payor of last resort_(Ohio Revised Code 3701.02.3). Insurance or other third-party benefits must be used before CMH will pay a provider. It is important that families provide CMH with current insurance information and follow their insurance plan’s procedures.

Families should carefully review their insurance plan’s documents to learn what services the plan will pay for and how to access those services. Attention should be paid to:

- Which providers are working with the plan
- Whether the plan has “Preferred Providers” that are paid at a higher rate than “Non-Preferred Providers” or whether the plan only pays an approved list of providers and pays nothing to non-providers.
- Whether the plan has a deductible that must be met before the insurance will pay a claim and, if so, the amount of the deductible.

For questions regarding insurance coverage, families can call the customer service number on their insurance card.

CMH Letter of Approval

Families should review their child’s LOA as soon as it arrives to be sure the insurance information listed is correct. If there has been a change, CMH should be notified immediately by phone (800-755-4769) or fax (614-728-3616), mail, or e-mail bcmh@odh.ohio.gov.

Reporting Insurance Changes to CMH

It is important that CMH knows of any changes in a family’s insurance plans. CMH should be notified of:

- Name, phone number and end date of the former insurance
- Name, phone number and beginning date of the new insurance
- Policy holder’s name and identification number
- Child’s name, case number and date of birth
- Non-covered services
- Any information about pre-existing clauses

Co-pays/Deductibles

Families should **NOT** be billed for any deductibles or co-pays for CMH-authorized services. CMH may be billed for charges that occur when the deductible has not been met. CMH may also be billed for balances of provider bills, including co-pays, after insurance pays their portion to the provider.

Insurance Network Providers

CMH requires that families use their insurance by seeing providers in their insurance network. If an insurance plan allows a family to see providers not in the network and will pay at a lower rate, CMH can be billed for the balance of authorized services. If the family's insurance plan does not pay for out-of-network providers, they should contact the CMH Third Party staff for help. Families should make sure their CMH provider is also a provider for their insurance plan. To locate a CMH provider, refer to the ODH Web site at:

<http://www.odh.ohio.gov/healthresources/healthcareprovidersmap.aspx>.

Pharmacy Benefits

If an insurance plan covers prescription medications, there may be a separate company (pharmacy benefits manager) that submits claims for medications. If so, the name and phone number of that company will be listed on the insurance card. Some insurance plans require use of a mail order service for medications taken regularly. Others may allow families to use either the mail order service or a retail pharmacy. If a family has a mandatory mail order plan, they must use the mail order service and cannot use a local retail pharmacy for drugs that their child takes on a regular basis. **Because many mail order pharmacies are not CMH providers, CMH cannot provide any payments to them.** Families should check with their mail order pharmacy to see if it is a CMH provider. If the mail order pharmacy is not a CMH provider, the family will be responsible for mail order co-pays. Additionally, some families may be eligible to "opt out" of mandatory mail order pharmacies. For questions regarding pharmacy coverage or to help with insurance appeals, contact the CMH Third Party Unit at 614-466-1700 or 1-800-755-4769.

Insurance Referrals

If an insurance plan requires a referral or prior authorization before receiving services from a provider, the family should contact the provider to make sure a referral or prior authorization was obtained. CMH will **NOT** pay for services when an insurance denial is issued because of failure to obtain a referral or prior authorization.

Health Insurance Premium Assistance Program

CMH can help with payment of insurance premiums when it is cost effective to CMH. In order for a family to apply for help from this program, their child must be active on the CMH Treatment Program. They must also continue their insurance through COBRA or have very high cost premiums. If approved, CMH provides reimbursement for a portion of the premium.

Hemophilia Insurance Premium Payment Program (HIPP)

The HIPP program is offered to persons 21 years of age or older with hemophilia or a related bleeding disorder. The client must be under the care of a CMH-approved hemophilia treatment center and have health insurance or access to a health insurance plan.

Assignment of Insurance Benefits

If the provider has billed insurance and there is a balance due, the family should give a **copy** of their CMH LOA to the provider and ask them to bill CMH. When insurance companies

receive claims, they send payments to providers or policyholders. **If the insurance company is one that sends payments directly to the policyholder, and CMH has also paid for the charges, the family must send any insurance checks received to CMH. If CMH has not paid for the charges, the family must send the check to the provider.** The policyholder may contact their insurance customer service department to see if they may sign the papers to have the payment sent directly to the provider. This will simplify the billing process for the child's providers, as well as decrease the number of notices sent to providers and parents for overpayments. **CMH is always the payer of last resort.**

For further consumer information about insurance rules in Ohio, visit the Ohio Department of Insurance Web site: <http://www.ohioinsurance.gov>

For further information about CMH and insurance, call 1-800-755-4769 or e-mail CMH at BCMh@odh.ohio.gov and direct your questions to the CMH Third Party Unit.

L. CMH and Medicaid

Healthy Start

Every family who applies to CMH for **treatment** services for their child will receive a packet that contains the Combined Programs Application (CPA). The CPA is the financial eligibility form for CMH. The packet will also contain information about the Medicaid Healthy Start Program. Healthy Start provides a wide range of medical services and benefits. Families who appear to be income eligible for Healthy Start must apply to that program for coverage of their child's medical services. If denied for Healthy Start due to being over-income, they then send their completed CPA, with a copy of their Healthy Start denial, to CMH. Instructions are included in the CMH financial packet.

Institutional Medicaid

CMH and hospitals can also refer families to Medicaid if a child has a continuous hospital stay of 30 days or more. This is called Institutional Medicaid. If the child has been in the hospital more than 30 continuous days, they may be eligible for the Institutional Medicaid Program. Families should contact the hospital billing or social work department for more information. Eligibility for this program is based on the income and resources of the child, **not** the parent.

Medicaid for the Disabled (MA-D)

CMH also refers children/clients with certain diagnoses to another Medicaid program called Medicaid for the Disabled (MA-D). This health care program provides medical services to people who are over the age of 65, are blind or have a disability. If a client is eligible for this Medicaid program, but their income is too high, they will be put on a Medicaid spend-down. This means that in order to obtain a Medicaid card, they must meet the spend-down amount. If it is cost effective for CMH to pay the spend-down, allowing the client to obtain a Medicaid card, it will do so. This is one example of how CMH can help families by linking them to the Medicaid program.

If a child is currently on Medicaid, or a referral to a Medicaid program occurs, please remember the following:

- Follow through with requests to apply for other programs
- Inform CMH if your Medicaid status changes
- Follow the rules of Medicaid or the Medicaid managed care plan

For further information about Medicaid programs, visit the Ohio Department of Job and Family Services Web site at <http://www.jfs.ohio.gov/ohp>.

M. Medical Bills

CMH providers sign an agreement with CMH, which states they will **NOT** bill parents **for services approved by CMH**. A parent should not be billed, even if a balance exists, after insurance or CMH have paid. However, sometimes parents do get bills. **It is important never to ignore a bill!**

If a bill is received for a service the parent thinks was covered by CMH, they should:

- Look at the LOA to make sure the service is listed
- Make sure the date of the service is within the “from-through” dates on the LOA
- **If the “Source of Payment” says “Insurance”** and neither the parent nor the provider has filed a claim with the insurance company, a claim should be filed as soon as possible. If the provider has already received an insurance payment, and there is a balance due, the parent should give the provider a copy of their CMH LOA and ask them to bill CMH. If the provider has received a denial from the insurance company, ask them to bill CMH and attach a copy of the denial letter to the bill
- **If the "Source of Payment" says "CMH,"** ask the provider to bill CMH
- **If the "Source of Payment" says "Medicaid,"** ask the provider to bill Medicaid

If the service was not approved by CMH:

- The parent may have to pay all or part of the bill if the service was not approved by CMH, if services were given by a non-CMH provider, or if the parent did not follow the rules of their insurance company
- If the parent has no way to pay the bill, they should contact the provider and ask to arrange a payment plan

If a provider says CMH refused their claim:

- Ask the provider why the bill was refused. If the problem cannot be solved, the parent should call or write CMH and a member of our Claims Section will help them
- When a parent calls or writes CMH about a bill, they should give the following information:
 - Their child’s name and case number
 - The provider’s name
 - The type of service given (X-ray, office visit, etc.)
 - The date the service was received
 - The amount of the bill
 - A copy of the bill, if possible (The original should be kept by the parent for their records)

If the insurance company refused a claim:

- CMH will pay for **approved** services when the insurance:
 - Has refused payment because the service is not covered by the policy
 - Has a pre-existing condition clause
 - Deductible has not been met
 - Coverage has ended

- Parents must follow the rules of their insurance company and appeal denials of services that should be approved by the policy; otherwise, CMH cannot pay for the services

If a parent paid for a service that was listed on their child’s LOA:

- The provider should bill the correct resource (insurance, CMH)
- When the provider receives payment from the other resource (insurance, CMH), the provider should refund the entire payment to the parent(s)
- CMH **cannot** make payments to parents
- **The parent should not be billed for any co-pays or deductibles.**

If a bill has been turned over to a collection agency:

- **The parent should call the Claims Section at CMH as soon as possible. Never ignore a bill from a provider!**

Tips to avoid billing problems:

- The LOA should be shown to the provider at the time of service
- **Services should be requested only from CMH providers. CMH cannot pay non-providers**
- The provider should be told if the family has Medicaid or insurance coverage
- The provider **and** CMH should be informed of any changes in insurance coverage
- A medical bill should **never** be ignored
- The rules of the insurance plan must be followed

N. Parent Consultant and Parent Advisory Council

CMH Parent Consultant

CMH employs a full-time parent consultant to help families of children with special health care needs learn about the CMH program and other programs that may help their child with special needs. The parent consultant helps CMH develop policies and procedures that are family-centered and encourages families to work with local and state programs. The parent consultant can be reached at bcmh@odh.ohio.gov or by calling CMH at 1-800-755-4769.

Parent Advisory Council

The Parent Advisory Council (PAC) consists of parents of children with special health care needs who live throughout Ohio. Council members help CMH to become more family friendly. These parents also help other parents learn about CMH and other systems of care such as Medicaid and managed care plans. To obtain the name of a PAC member, contact CMH at the e-mail address or phone number listed above and request a list of the PAC members.

O. The Medical Home for Children with Special Health Care Needs

What is a Medical Home?

A medical home is not a place, but a **way** of giving health care to children and families. In a medical home, a child and family receive care from a pediatrician or other doctor whom they trust and who works with them to meet the child’s needs.

Characteristics of a medical home include:*

- Care is provided in the child's community
- All insurance, including Medicaid, is accepted
- The family is recognized as the principle caregiver and the center of support for children
- Information is shared with the family
- The same health care providers are available from the child's infancy through teenage years
- There is help for transitions in the child's life, to work, to live independently or for, adult health care
- Health care is available 24 hours a day, seven days a week
- Families are linked to other needed services
- Concern for the well-being of the child and family is expressed
- The family's cultural background is respected

The American Academy of Pediatrics states a medical home can be based from a doctor's office, a hospital outpatient clinic, a community health center, or a school-based clinic. For some children with special health care needs, the medical home may be the specialty doctor such as the neurologist or cardiologist.

CMH promotes and supports the medical home for all children with special health care needs in Ohio. CMH is working with doctors and parents to strengthen medical homes for these children. CMH is also providing education on the medical home concept for physicians, families and public health nurses. Additional information about medical homes can be obtained by contacting CMH or through the Web site www.medicalhomeinfo.org .

*Information adapted from "What's a Medical Home?" American Academy of Pediatrics

Part Two: Other Programs and Resources in Ohio

A. Help Me Grow

What is Help Me Grow?

Help Me Grow (HMG) is a program for Ohio's expectant parents, newborns, infants and toddlers that provides health and developmental services so children start school healthy and ready to learn. Services are designed with the family's concerns and goals in mind.

Who is eligible?

Any child from birth to age 3 years old may be determined eligible based on the following:

- The child's development is shown to be delayed after evaluation
 - The child has a medically diagnosed physical or mental condition that has a high chance of resulting in a developmental delay in one or more of the following areas:
 - Cognitive development
 - Physical development
 - Communication development
 - Social or emotional development
 - Adaptive development
- OR**
- There are four or more risk factors present in the child and/or family that could interfere with care giving, health or development of the child.

What services does Help Me Grow provide?

- Identification of children with, or at risk for, developmental delays or disabilities
- Up-to-date information for parents, during a newborn visit from a registered nurse, on child health, development, safety and community resources. During the home visit, a registered nurse conducts a physical assessment of the newborn and mother.
- Screenings for health, hearing, vision and development
- Information about the child's social and emotional development that lays the groundwork for later school success
- Information on the importance of early childhood immunizations and routine pediatric health care
- Assistance with transition to appropriate services at age 3

For more information:

1-800-755-GROW (4769)

Or

Bureau of Early Intervention Services

(614) 644-8389

beis@odh.ohio.gov

B. WIC

What is WIC?

The Women, Infant, and Children (WIC) program is a special supplemental nutrition program for women, infants, and children. WIC helps income-eligible pregnant and breast-feeding women, women who recently had a baby, and children up to 5 years of age who are at risk due to inadequate nutrition.

What services does WIC provide?

- Nutrition education
- Breastfeeding education and support
- Highly nutritious foods such as iron-fortified infant formula, milk, eggs, juice, cheese, cereal and peanut butter
- Referral to prenatal and pediatric health care and other maternal and child health and human services programs (for example, Head Start, Medicaid and food stamps)

Who is eligible?

- Pregnant and breastfeeding women
- Women who recently had a baby
- Infants to age 1
- Children 1-5 years **who are:**
 - Present at the clinic appointment and show proof of identity
 - Residents of the State of Ohio
 - Determined by health professionals to be at medical/nutritional risk and
 - Meet income guidelines – 185 percent of the Federal Poverty Guidelines

How to apply

You can apply for WIC by making an appointment at your local WIC clinic. WIC clinics are located in all 88 Ohio counties. For specific clinic locations, call the Help Me Grow Helpline at 1-800-755-GROW (4769). You can also click on the WIC Clinic Directory button on the WIC Home Page: <http://www.odh.ohio.gov/odhPrograms/ns/wicn/wic1.aspx> to locate your local clinic.

You can also apply by clicking on <http://jfs.ohio.gov/OHP/consumers/Application.stml>, completing a Combined Programs Application (CPA), and mailing it to the WIC clinic in your area. You must then schedule an appointment at the WIC clinic.

Mailing Address:

Ohio Department of Health
WIC Program
246 North High Street
Columbus, OH 43215

Telephone: (614) 644-8006

E-mail: OHWIC@odh.ohio.gov

C. The Ohio Medicaid Program

What is Medicaid?

Medicaid is a state and federally funded program that provides health care services to eligible Ohioans with limited incomes. In Ohio, the Ohio Department of Job and Family Services (ODJFS) administers the Medicaid Program.

A Medicaid application can be obtained by contacting your local County Department of Job and Family Services at 1-800-324-8680 or 1-800-292-3572/TDD. To locate your county Job and Family Services office, go to <http://jfs.ohio.gov/county/cntydir.stm>

The Medicaid Web site

The Medicaid information in this handbook can be found on the ODJFS Web site: <http://www.jfs.ohio.gov/ohp>. The Medicaid Web site will provide the following information:

Consumer Information:

- What is Medicaid?
- Who qualifies?
- How to apply
- Covered services
- Co-pays
- How to locate a local of Job and Family Services agency
- Medicaid rules and policy
- Your rights
- Medicaid Consumer Guide
- More

Medicaid Programs

1) Healthy Start/Healthy Families

Healthy Start/Healthy Families is a health care program for children, pregnant women, and families with limited income. Children, pregnant women, and families enrolled in Healthy Start/Healthy Families receive a comprehensive set of health care benefits and services.

Eligibility

Healthy Start

- Children up to age 19 in families with incomes up to 200% of the federal poverty level (FPL)
- Pregnant women in families with incomes up to 200 percent of the FPL

Healthy Families

- Families up to 90 percent of the FPL. The family must include a child under age 19

Services

- Doctor visits
- Prescription drugs
- Inpatient and outpatient hospital services
- Therapies

- Dental services
- Vision services
- Durable medical equipment and supplies
- And much more

For More Information and How to Apply

Visit the ODJFS Web site at <http://www.jfs.ohio.gov/ohp> or call 1-800-324-8680/1-800-192-3572/TDD

Contact the CMH Medicaid benefits coordinator by calling 1-800-755-4769 or (614) 466-1700 or e-mail CMH at bcmh@odh.ohio.gov

2) Medicaid for the Aged, Blind and Disabled

Medicaid for the Aged, Blind and Disabled (ABD) provides health care coverage and benefits to people with disabilities (as defined by the Social Security Administration), individuals who are age 65 or older or individuals who have been diagnosed as legally blind.

Eligibility

To be eligible for the ABD program, an individual must be aged, blind, or disabled and meet certain income and resource requirements. However, if a person is over the income guidelines, they may be eligible for Medicaid spend down. The Medicaid spend down is the amount the individual is responsible for incurring or paying out of pocket before becoming eligible for Medicaid benefits. The Medicaid spend down allows individuals to deduct medical expenses from their income in order to meet Ohio Medicaid guidelines.

Services

- Prescription medications
- Doctor visits
- Home care
- X-rays
- Medical equipment and supplies
- Vision services
- Mental health services
- Dental services and
- Other services

For more information and how to apply:

Visit the ODJFS Web site at <http://www.jfs.ohio.gov/ohp> or call 1-800-324-8680 or TTY/1-800-292-3572.

Contact the CMH Medicaid benefits coordinator by calling 1-800-755-4769 or (614) 466-1700 or e-mailing CMH at bcmh@odh.ohio.gov

3) Medicaid Buy-in for Workers with Disabilities

The Medicaid Buy-In for Workers with Disabilities (MBIWD) is a program that allows individuals who are working to buy into Medicaid by paying a premium based on income.

Eligibility

- Between 16-64 years old
- Disabled as defined by the Social Security Administration **or**
- Determined disabled by Ohio Medicaid **or**
- Eligible for MBIWD within the previous calendar month, but no longer meet the Social Security disability criteria
- Employed in paid part-time or full-time work (at least 40 hours **per month**)
- A U.S. citizen or meet Medicaid citizenship requirements
- An Ohio resident
- Have or obtain a Social Security number
- Meet financial requirements
 - Countable income must be at or below 250 percent of the FPL; however, consumers with countable income above the 250 percent criteria are encouraged to apply. Only the income of the individual is considered. There is a resource limit of \$10,000.

For more information and how to apply

Visit the ODJFS Web site at <http://jfs.ohio.gov/OHP/consumer.stm> or contact your local County Department of Job and Family Services.

4) Medicare Premium Assistance Program (MPAP)

Medicare is a federal health insurance program for people 65 years or older, people with certain disabilities and people with end-stage renal disease. The Social Security Administration administers Medicare. Medicare consists of:

- Part A – Hospitalization
- Part B – Supplemental medical insurance
- Part D – Prescription medications

The MPAP helps Medicare-eligible individuals with limited incomes and resources to pay the cost of one of the following:

- Medicare premiums
- Medicare deductibles
- Medicare co-insurance

MPAP offers three types of assistance:

- Qualified Medicare Beneficiary (QMB) - for those whose income is at or below 100 percent of the FPL
- Specified Low Income Medicare Beneficiary (SLMB) – for those whose income is at or below 101 percent -120 percent of the FPL
- Qualified Individual -1 (QI-1) – for those whose income is at or below 121 percent -135 percent of the FPL

For more information and how to apply:

Visit your county Department of Job and Family Services or the ODJFS Web site at <http://jfs.ohio.gov/ohp>.

5) Alien Emergency Medical Assistance (AEMA)

Alien Emergency Medical Assistance is a category of Medicaid that provides coverage for treatment of an emergency medical condition for aliens or non-citizen individuals who do not

meet Medicaid citizen requirements. AEMA also includes non-immigrants such as visitors and students. See the ODJFS Web site for definition of an “Emergency Condition.”

Eligibility:

To be eligible for AEMA, an alien must meet the categorical and financial requirements of Medicaid and be residing (even temporarily) in Ohio; however, they do not have to meet Medicaid citizenship requirements.

Services:

AEMA covers all medically necessary services covered by Medicaid, including hospitals, physicians, tests, and medicine. AEMA covers the whole “emergency medical condition episode” and stops on the day that the absence of immediate medical care could no longer be expected to result in placing the patient’s health in serious jeopardy, serious impairment of bodily functions, or serious dysfunction of any bodily organ or part.

For more information and how to apply:

Visit the ODJFS Web site at www.jfs.ohio.gov/ohp or call the Medicaid Consumer Hotline at 1-800-324-8680 or TDD 1-800-292-3572.

6) Hospital Care Assurance Program (HCAP)

HCAP is an Ohio law that requires hospitals to provide medically necessary care to individuals who are at or below 100% of the Federal Poverty Level or on Disability Medical Insurance (DMI).

Eligibility

- You must be an Ohio resident (All Ohio residents are eligible regardless of citizenship or immigration status).
- You are not a recipient of a Medicaid program (except for DMI) and have no other public or private payer.
- Your income is at or below 100 percent of the FPL.

Services

HCAP covers hospital charges only, not bills from non-hospital providers. However, many doctors may reduce or drop their fees when told the patient qualifies for HCAP. Patients should ask hospital-billing departments for documentation stating they qualify for HCAP or other programs.

For more information and how to apply:

Contact your hospital billing office.

7) Waiver Services

Medicaid Home and Community-based Waivers are programs designed to help people stay in their homes and communities and out of institutions. The term “waiver” refers to an exception to a federal law that is granted to a state by the federal Centers for Medicare and Medicaid Services (CMS). In addition to providing an alternative to institutional care, waivers allow Ohio Medicaid to try new programs with limited enrollment and locations, and waive certain eligibility requirements.

Waiver programs in Ohio are offered through the Ohio departments of Job and Family Services (ODJFS), Mental Retardation and Developmental Disabilities (ODMRDD) and Aging (ODA). Contact the agency that administers the waiver to obtain information on eligibility, covered services and the application process.

Ohio Agency	Waiver Program	Contact Number
MRDD	Individual Options Waiver	1-614-466-8706
MRDD	Level One Waiver	1-614-466-8706
JFS	Transitions MR/DD Waiver	1-877-852-0010
JFS	Transitions Carve-out Waiver	1-877-852-0010
JFS	Ohio Home Care Waiver	1-800-324-8680
ODA	Passport Waiver	1-800-266-4346
ODA	Choices Waiver	1-800-266-4346
MRDD	Residential Facilities Waiver	1-877-464-6733

D. Medicaid Managed Care Plans

Medicaid Managed Care Plans (MCPs) are administered by the ODJFS and the Bureau of Ohio Health Plans. The Ohio Managed Care Program helps to assure access to primary care providers and emphasize preventive care. Families enrolled in a MCP must select a primary care physician (PCP) from within their plan. These physicians are usually pediatricians, internists or family practice physicians. Specialists are permitted to manage care in some cases, but this is often the exception and not the rule.

Clients enrolled in the CMH program are often managed by specialists and are seen by specialty teams. A Medicaid MCP may not always be the ideal health care system for the child with special needs. The family may want to leave the managed care plan and enroll in regular Medicaid for many reasons, including that the child’s physician is not participating in the MCP. Parents can request to receive their child’s health care through the Medicaid program by calling the Ohio Medicaid Selection Services Center at 1-800-605-3040. An enrollment specialist will take your information and explain the process for opting out of the managed care plan delivery system. Therefore, parents with children enrolled in the CMH Treatment Program may request and return to regular Medicaid. CMH supports case management services provided by Medicaid managed care plans and does not actively encourage families to opt out of managed care. CMH acknowledges the decision to disenroll from an MCP should be an individual and informed decision based on the child’s medical needs.

E. Children’s Buy-in Program

The Children’s Buy-in Program (CBI) is a program for children under the age of 19 who have no private insurance, or cannot purchase insurance because of pre-existing conditions or because of the cost of insurance. This program requires the payment of premiums, deductibles and co-insurance. The CBI program is administered by the ODJFS but it is **not** a Medicaid program. When a child is enrolled on CBI, services are provided by CareSource, a nonprofit managed care plan.

Eligibility:

- Under the age of 19
- Living in a household with an annual income of more than 300 percent of the FPL

- A U.S. citizen and Ohio resident
- Uninsured for at least six months before enrolling **and**
- Not eligible for Medicaid

You must also meet one or more of the following conditions:

- Denied insurance due to a pre-existing condition
- Lost insurance because lifetime benefits have been exhausted
- Cannot obtain insurance coverage for less than 200 percent of the premium to be paid under the CBI program.
- Participate in the CMH **Treatment** program

Services:

- Medically necessary physician office visits
- Immunizations
- Inpatient and outpatient hospital services
- Emergency room and urgent care services
- Prescription drugs (from a limited formulary)
- Mental health and substance abuse services
- Medical equipment
- Home health care
- Laboratory work
- Radiology services
- Ambulance transport
- Limited nursing home care
- Case management

For more information and how to apply:

- Visit ODJFS at <http://www.jfs.ohio.gov/ohp/cbi> or call 1-877-872-8042 for online application assistance
- Contact CareSource at 1-866-415-0584 or visit <http://www.caresource-cbi.com>

F. Supplemental Security Income

Supplemental Security Income (SSI) is a federal supplemental income program funded by general tax revenues (not Social Security taxes), but administered by the Social Security Administration (SSA). SSI is a needs-based program that makes monthly payments to people who have low income and few resources and are:

- Age 65 or older
- Blind or
- Disabled

SSI is different than Social Security Disability Insurance (SSDI), which is an insurance program with benefits dependent on previous payments into the system.

For more information and how to apply:

- Visit <http://www.socialsecurity.gov> and click on the SSI link
- Call 1-800-772-1213 or the TTY number 1-800-325-0778

G. Center for Vocational Alternatives

The mission of the Center for Vocational Alternatives (COVA) is to assist and support the community in overcoming mental, emotional and other challenges to a productive life, focusing on employment, economic stability and life skills. COVA serves individuals whose mental illnesses, emotional problems or physical challenges create barriers when trying to obtain and maintain employment. The majority of COVA referrals are received from the Bureau of Rehabilitation Services (BVR) and the Bureau of Services for the Visually Impaired (BSVI).

COVA can assist with:

- Rehabilitation readiness
- Vocational assessment
- Adjustment to a disability
- Benefits application assistance
- Independent living skills assessment
- Plan for achieving self-support
- Other services that will enhance skills needed to identify career goals and a successful career path

For further information, call 877-521-2682 or visit <http://www.cova.org>.

H. Ohio Department of Mental Retardation and Developmental Disabilities

The state funds services for people with mental retardation and developmental disabilities from birth through adulthood through the Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD). Each of Ohio's 88 counties has programs and services for their residents. The state regulates the county boards of MRDD to ensure quality services and good business practices for all residents. For information about the services the ODMRDD provides, you can visit the ODMRDD Web site at <http://odmrdd.state.oh.us> and click on the appropriate topic of your interest under the heading "For Individuals and Families."

People who need services should contact the county board of MRDD where they live. If you wish to contact your county board of MRDD, click on "Click to locate your local county board of MRDD" located in the center of the "For Individuals and Families" home page, then click on "MRDD County Boards" in the left column. Finally, click on the first letter of your county.

I. Ohio Developmental Disabilities Council

The Ohio Developmental Disabilities Council (ODDC) is one of a national network of state councils committed to self-determination and community inclusion for people with developmental disabilities.

The mission of the ODDC is to create change that improves independence, productivity and inclusion for people with developmental disabilities and their families in community life.

The ODDC consists of at least 28 members appointed by the governor. Members are people with disabilities, parents and guardians of people with disabilities, representatives from concerned state agencies and nonprofit organizations and agencies that provide services to people with disabilities.

Council administers projects (grants) designed to promote systems change. Projects related to the following topics are currently operating in the state:

- Children's issues
- Family support
- Employment
- Health and dental care
- Community living
- Self-advocacy
- Legislative advocacy
- Personal assistance services
- Work incentives
- Self determination

For further information about these projects or the ODDC, contact the ODDC at (614) 466-5205 or on the Web at <http://ddc.ohio.gov>

J. Ohio Legal Rights Service

The Ohio Legal Rights Service (OLRS) is an independent state agency and the federally and state designated protection and advocacy system and client assistance program for people with disabilities in the State of Ohio. The mission of OLRS is to protect and advocate, in partnership with people with disabilities, for their human, civil and legal rights. Their free services include information and referral, mediation and negotiation and legal advocacy. You can contact OLRS at 614-466-7264 or 1-800-282-9181 (tollfree in Ohio only) or visit their Web site at <http://olrs.ohio.gov/asp/HomePage.asp> and click on the disability topic area of interest to you.

- Advance directives
- Assistive technology
- Children with disabilities
- Disability rights
- Emergency planning
- Employment and vocational rehabilitation.
- Guardianship
- Housing
- Medicaid
- Public benefits program
- Special education
- Voting

K. Prescription Assistance Programs

1) Needy Meds: <http://www.needymeds.com>

Needy Meds is a Web site that provides information on patient assistance programs many drug companies have. These programs provide free prescription medications to people who have no insurance and qualify for their programs. Needy Meds does not have a program of its own, nor does it supply medications or help people financially. For information about eligibility, enrollment and benefits visit the Needy Meds Web site.

2) RX Outreach: <http://www.rxoutreach.com/vih/>

RX Outreach is a patient assistance program developed by Express Scripts Distribution Services, Inc. RX Outreach offers generic versions of brand-name medications used to treat a

range of conditions and not available through any other patient assistance programs. For information about eligibility, enrollment and benefits, visit the RX Outreach Web site.

- 3) **Access to Benefits:** <http://www.accesstobenefits.org> (click on BenefitsCheckUp)
BenefitsCheckUp is a fast, free and confidential online service that helps individuals find public and private programs that save money on prescription drugs. This service provides a detailed description of the programs, local contacts and the materials required to apply for each program. Recommendations are based on the medications a person is taking, program eligibility criteria and the programs available in each state. The process only takes about 10-15 minutes to generate recommendations for prescription programs. Persons are not required to enter personal information such as name, address, phone number or Social Security number. For information about eligibility, enrollment and benefits, visit the Access to Benefits Web site.
- 4) **Prescription Access:** <http://www.prescription-access.org>
Prescription Access, formerly the Prescription for Health Care Alliance Program, is a collaborative of community organizations administered by the Columbus Neighborhood Health Center, Inc. Its goals are to reduce the barriers and increase access to prescription medication and prescription assistance plans for low-income, uninsured residents of Franklin County. For information about eligibility, enrollment and benefits, visit the Prescription Access Web site.
- 5) **Rx for Ohio:** <http://www.RxForOhio.org>
Rx for Ohio is a service provided by a collaboration of persons and organizations joining drug companies to improve health care access for residents of Ohio. For information about eligibility, enrollment and benefits, visit the RX for Ohio Web site.
- 6) **Ohio's Best Rx:** <http://www.ohiobestrx.org>
Ohio's Best Rx is a prescription drug discount card program designed to lower the cost of prescriptions for Ohio residents who have no prescription drug insurance and whose income is less than 300 percent of the federal poverty level.

Individuals and families who apply and are eligible will receive an Ohio's Best Rx card. When used at participating pharmacies, the card will provide a discount on the cost of a prescription. Participants will pay the lesser of either the Ohio's Best Rx price (after the discount) or the pharmacist's usual cost. The amount of the discount varies depending on the prescription drug and the usual cost at that pharmacy. For information about eligibility, enrollment and benefits, visit the Ohio's Best Rx Web site.

- 7) **Franklin County Rx:** <http://www.co.franklin.oh.us>
The Franklin County Rx program is a prescription drug program designed for uninsured and underinsured county residents. Through a partnership with Caremark, county residents can purchase prescription drugs at a discounted price, saving as much as 20 percent. There are no age limits, card costs or health care coverage restrictions in order to participate. The following counties also participate in a prescription discount program through a partnership with Caremark:

Ashland County
<http://www.ashlandcounty.org>

Logan County
<http://www.co.logan.oh.us>

Belmont County

<http://www.belmontcountyohio.org>

Highland County

<http://www.highlandcountyohio.com>

Montgomery County

<http://www.mcoho.org>

Morrow County

<http://www.morrowcounty.info>

Part Three: Navigating the Insurance/Managed Care System

A. Organizing Medical Documents and Bills

Providers, agencies and organizations providing services to children with special health care needs are the sources of multiple pieces of information and documentation that must be organized and tracked in order to ensure a child will have continuity of care. If this information is not organized, sorting it all becomes an overwhelming task for parents and other caregivers and often results in unnecessary delays, denial of care, frustration and loss of payment resources. This need not be a complicated process. The rules are simple:

- Keep all information in one location. This can be as simple as an envelope or a three-ring notebook.
- Keep all papers (appointments, reports, bills) from one provider separate from those of another.
 - If using an envelope, paper clip them together
 - If using a notebook, use dividers with tabs or sheets of colored paper to separate materials from each provider
- The first few pages in the envelope or notebook should be a copy of your child's CMH Letter of Approval and a page with your providers' business cards (and the name of a contact person at each office) taped to it.
- Know the status of each bill incurred, as to whether the bill was submitted to the correct place and paid in a timely manner. Often there are time limits on the submission of a bill, and if someone does not follow through, you could be responsible for the bill. Use a separate sheet to record the billing information for each provider your child sees.
- If you need help, call your public health nurse, service coordinator or a social worker at the hospital where your child is seen.

Examples of parent notebooks can be found on the following Web sites:

- 1) Special Needs Resource Directory: Cincinnati Children's Hospital Medical Center
<http://www.cincinnatichildrens.org/special-needs>
- 2) Patient Care Journal (*All About Me*): Akron's Children's Hospital
<https://www.akronchildrens.org/cms/site/bde7dcef758e3bdf/>

B. Working with Insurance Companies/Managed Care Plans

- 1) Learn to read Explanation of Benefits (EOB) statements, CMH Letters of Approval and member benefits handbooks.
- 2) Obey all rules of your insurance plans.
- 3) The squeaky wheel gets the grease. Say it once. Say it twice. Say it again. And then put it in writing.
- 4) When writing an insurance company, always include the individual policy number.
- 5) Do not take no for an answer. A denial is just the beginning.
- 6) Thoroughly understand the logic of the denial.
- 7) Ask for help and explanations as often as needed. Be sure explanations are in writing.
- 8) Find a person from the insurance company who understands the needs of the individual.

- 9) Find a person in the provider's office who can help.
- 10) Keep correspondence and insurance documents together.
- 11) Keep a record of all calls regarding insurance, including the time, date, name and title of each person you talk to.
- 12) Obtain the name and address of the case manager and/or medical director of the insurance plan. When writing about a complaint or problem, describe the case, pinpointing the disagreement and send copies of all letters to the appropriate parties. Be sure to include a reasonable deadline for a reply.
- 13) When initiating a formal grievance, follow the procedure described in the insurance company's benefits handbook.
- 14) Enlist the aid of your primary care physician or specialist when dealing with insurance problems.
- 15) Inform your employer if your benefits package does not meet your family's needs.
- 16) Maintain all correspondence.

C. Explanation of Insurance Benefits

An EOB is the statement from an insurance company listing the actions taken on bills that have been sent to them. It is helpful to refer to the EOB when asking the provider or insurance company questions about a bill. Every insurance company has its own format for EOBs; however, the following points should be noted when reading an EOB:

- Who is the provider of the service?
- What is the date of the service?
- What is the total charge?
- What is the balance?
- What action did the insurer take?
- If the service was denied, why? Have the correct codes been used?
- If there is a balance, who is responsible for payment?

Part Four: Emergency Planning

Emergencies that impact families with children with disabilities can happen at any time.

Emergencies can include:

- Equipment failure
- Power outages
- Floods
- Tornados
- Fires

It is important to plan for all types of emergencies. There are many resources to assist with planning including:

- The Emergency Management Be Prepared Kit for Home and Away includes a readiness checklist, shelter checklist and an important people and papers yellow checklist.
<http://olrs.ohio.gov/ASP/GetPrepared.asp>

Part Five: Helpful Web sites

Subject (Alpha order)	Web Address
AbleApparel	http://www.ableapparel.com
Abledata – Assistive Technology	http://www.abledata.com
Access to Benefits	http://www.accesstobenefits.org
American Academy of Pediatrics	http://www.aap.org/
Americans with Disabilities Act (ADA)	http://www.ada.gov
Assistive Technology of Ohio	http://www.atohio.org/
CMH	http://www.odh.ohio.gov/odhPrograms/cmh/cwmh/bcmh1.aspx
Birth Defect Research for Children, Inc.	http://www.birthdefects.org
Cancer Program	http://www.odh.ohio.gov/odhPrograms/pmlt/cancer/cancerprog.aspx
Center for Vocational Alternatives	http://www.myworknet.com/cova.asp
Children’s Defense Fund	http://www.childrensdefense.org
Children’s Disabilities Information	http://www.childrensdisabilities.info
Cincinnati Children’s Care	http://www.cincinnatichildrens.org/special-needs
Enabling Devices	http://www.enablingdevices.com
Family Voices	http://www.familyvoices.com
Girls Health – Illness & Disability	http://4girls.gov/disability/
Help Me Grow-Early Intervention	http://www.ohiohelpmegrow.org/
HRSA Region IV Genetics Collaborative	http://region4genetics.org
Institute for Children Health Policy	http://ichp.ufl.edu
March of Dimes	http://www.marchofdimes.com
Metabolic Formula Program	http://odh.ohio.gov/odhPrograms/cmh/metaform/metaform1.aspx
National Birth Defects Prevention Network	http://www.nbdpn.org
National Newborn Screening & Genetics Resource Center	http://genes-r-us.uthscsa.edu
Needy Meds	http://www.needymeds.com
New Visions	http://www.new-vis.com
Newborn Screening Program	http://www.odh.ohio.gov/odhPrograms/phl/newbrn/nbrn1.aspx
Not A Single Drop	http://www.notasingledrop.org
Ohio Department of Aging	http://www.goldenbuckeye.com/aaa.html
Ohio Department of Health	http://www.odh.ohio.gov
Ohio Department of Insurance	http://www.ohioinsurance.gov
Ohio Department of Job and Family Services	http://www.jfs.ohio.gov

Ohio Department of Mental Retardation/Developmental Disabilities	http://odmrdd.state.oh.us
Ohio Developmental Disabilities Council	http://ddc.ohio.gov
Ohio Legal Rights Services	http://olrs.ohio.gov/asp/HomePage.asp
Ohio Pandemic Influenza	http://www.ohiopandemicflu.gov
Ohio's Best Rx	http://www.ohiobestrx.org
Preparing Children with Disabilities for School	http://kidsource.com
Prescription Access	http://www.prescription-access.org
RX Outreach	http://www.rxoutreach.com/vih/
Sickle Cell Services Program	http://www.odh.ohio.gov/odhPrograms/cmh/scell/scell1.aspx
Special Olympics	http://www.specialolympics.org
Supplemental Security Income	http://www.socialsecurity.gov
The American Camping Association	http://www.acacamps.org
The Sibling Support Project	http://http://www.siblingsupport.org/
U.S. Surgeon General's Family Health History Initiative	http://www.hhs.gov/familyhistory
Universal Newborn Hearing Screening Program	http://www.odh.ohio.gov/odhPrograms/ei/hear_inf/hearinf1.aspx
Women, Infants and Children (WIC)	www.odh.ohio.gov/odhprograms/wicn1.htm