



Ohio Revised Code

Section 5162.13 Annual report.

Effective: September 30, 2025

Legislation: House Bill 96

(A) On or before the first day of January of each year, the department of medicaid shall complete a report on the effectiveness of the medicaid program in meeting the health care needs of low-income pregnant women, infants, and children. The report shall include all of the following, delineated by race and ethnic group:

- (1) The estimated number of pregnant women, infants, and children eligible for the program;
- (2) The actual number of eligible persons enrolled in the program;
- (3) The actual number of enrolled pregnant women categorized by estimated gestational age at time of enrollment;
- (4) The average number of days between the following events:
 - (a) A pregnant woman's application for medicaid and enrollment in the fee-for-service component of medicaid;
 - (b) A pregnant woman's application for enrollment in a medicaid managed care organization and enrollment in the managed care organization.

The information described in divisions (A)(4)(a) and (b) of this section shall also be delineated by county and the urban and rural communities specified in rules adopted under section 3701.142 of the Revised Code.

- (5) The number of prenatal, postpartum, and child health visits;
- (6) The estimated number of enrolled women of child-bearing age who use a tobacco product;



- (7) The estimated number of enrolled women of child-bearing age who participate in a tobacco cessation program or who use a tobacco cessation product;
- (8) The rates at which enrolled pregnant women receive addiction or mental health services, progesterone therapy, and any other service specified by the department;
- (9) A report on birth outcomes, including a comparison of low-birthweight births and infant mortality rates of medicaid recipients with the general female child-bearing and infant population in this state;
- (10) A comparison of the prenatal, delivery, and child health costs of the program with such costs of similar programs in other states, where available;
- (11) A report on performance data generated by the component of the state innovation model (SIM) grant pertaining to episode-based payments for perinatal care that was awarded to this state by the center for medicare and medicaid innovation in the United States centers for medicare and medicaid services;
- (12) A report on funds allocated for infant mortality reduction initiatives in the urban and rural communities specified in rules adopted under section 3701.142 of the Revised Code;
- (13) A report on the results of client responses to questions related to pregnancy services and healthcheck that are asked by the personnel of county departments of job and family services;
- (14) A comparison of the performance of the fee-for-service component of medicaid with the performance of each medicaid managed care organization on perinatal health metrics;
- (15) A report demonstrating cost savings resulting from program investments;
- (16) Beginning two years after April 30, 2024, a report on the medicaid coverage of doula services required by section 5164.071 of the Revised Code, including:
 - (a) Outcomes related to maternal health and maternal morbidity;



(b) Infant health outcomes;

(c) The average costs of providing doula services to mothers and infants;

(d) Estimated cost increases or savings as a result of providing doula coverage.

(B) The department shall submit the report to the general assembly in accordance with section 101.68 of the Revised Code. The department also shall make the report available to the public.

(C) The department shall provide to the legislative service commission a copy of the data used to calculate the information required in the report under division (A)(16) of this section.