

For purposes of this chapter, best practice standards require:

(A) All health care plans offered to employees by a school district shall include a wellness or healthy lifestyle program.

(1) The required components of an acceptable wellness or healthy lifestyle program under this rule specifically include but are not limited to:

(a) Conducting an initial evaluation of historical claims experience if available to specifically identify health conditions that are modifiable and preventable through health improvement, health management, and patient compliance.

(b) A personal health assessment tool capable of providing an accurate and comprehensive baseline of population health status. The personal health assessment must:

(i) Be available in multiple formats including both online and paper media;

(ii) Be reasonable in length;

(iii) Capture modifiable and non-modifiable risk factors;

(iv) Assess an individual's confidence and readiness to change his or her lifestyle, potential barriers to change, and include quality of life measures;

(v) Capture current contact information and preferred means of contact;

(vi) Generate a personalized report for the individual that addresses lifestyle changes they can make to improve their health and reduce risks.

(c) Conduct a biometric screening at the health plan sponsor location(s) of choice. This screening must include:

(i) Cholesterol levels;

(ii) Diabetic risk assessment;

(iii) Blood pressure;

(iv) Body mass index (BMI), including recording of height and weight and body composition.

- (d) Provide proactive, ongoing support and education for individuals with lifestyle health risks, such as tobacco use, obesity, high blood pressure, high cholesterol, and high stress. This support and education must:
 - (i) Include access to personalized health coaching;
 - (ii) Be available in multiple formats, including telephone, email and the internet;
 - (iii) Be provided by qualified professionals.
- (e) Include processes or programs that encourage the highest levels of participation possible at the onset of the program, make it attractive to enroll in the program at any time and to keep participants engaged throughout the duration of the program.
- (f) Provide regularly scheduled reports to the health plan sponsor demonstrating the impact of the program in aggregate, including:
 - (i) Personal health assessment completion rates;
 - (ii) Outcome-oriented metrics such as reductions in BMI, smoking cessation rates and other quantifiable improvements in behavior.
- (2) The use and disclosure of health information collected through health risk assessments shall respect patient confidentiality and may not be used or disclosed for any purpose other than allowed by state or federal law to improve the health status of participating members.
- (B) All health care plans offered to employees by a school district shall include a disease management program.
 - (1) The required components of an acceptable disease management program under this rule specifically include:
 - (a) An initial evaluation of plan history and claims if available to specifically identify the prevalence of diseases amenable to disease management interventions;
 - (b) Identification, classification and tracking of defined patient populations;
 - (c) Patient education and involvement in self-care techniques;
 - (d) Drug management and protocol adherence;
 - (e) Feedback to physicians on the progress of patients in the program;

(f) Integration of the services provided and the sharing of information with the health plan's employee wellness or healthy lifestyle program.

(2) A disease management program offered under this rule shall address chronic diseases, including but not limited to:

(a) Asthma;

(b) Diabetes;

(c) Chronic obstructive pulmonary disease;

(d) Morbid obesity

If such diseases have been identified as being prevalent in the population being served.

(3) A disease management program under this rule must provide the health plan sponsor with regular reports documenting the impact of the program in aggregate, specifically including but not limited to:

(a) Participation rates and satisfaction;

(b) Disease-specific clinical outcomes;

(c) Financial outcomes.

(C) All health care plans offered to employees by a school district shall include access to institutions and providers offering demonstrated clinically superior health care for complex medical conditions.

(1) Complex medical conditions may include but need not be limited to:

(a) Transplantation (solid organ, blood and bone marrow);

(b) Cancer;

(c) Chronic kidney disease;

(d) Congenital heart disease;

(e) Infertility (if a covered condition);

(f) Neonatology;

(g) Morbid obesity;

(h) High risk pregnancy.

- (2) All health care plans offered to employees by a school district shall be required to use objective, measurable criteria to evaluate participating institutions and providers.
- (3) All health care plans offered to employees by a school district shall provide the health plan sponsor access to the evaluations of all participating institutions and providers so long as the release of specific information is not in breach of any agreement between an institution or provider and the health care plan.
- (D) All health plan sponsors offering health care plans to employees of a public school district shall undertake periodic dependent eligibility audits. The aggregate results of each dependent eligibility audit shall be furnished by each health plan sponsor to the school employees health care board.

Effective: 01/01/2009

R.C. 119.032 review dates: 12/31/2012

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 9.901
Rule Amplifies: 9.901