



Policy brief

4 Insurance coverage and affordability of mental healthcare for Ohio children and youth

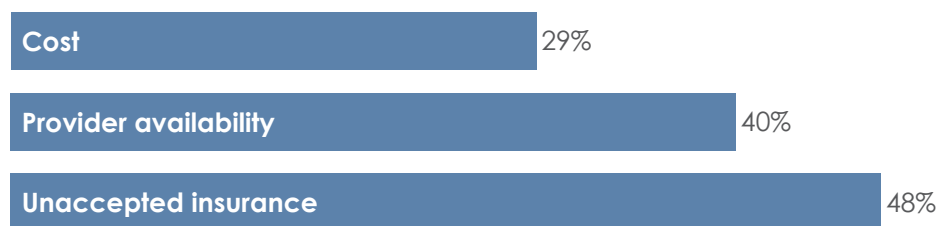
Executive summary

Many young Ohioans experience mental health challenges, and families often have difficulty navigating the mental healthcare and insurance systems. For some families in Ohio, having a health insurance plan is not enough to overcome barriers to access. Figure ES.1 displays the most common barriers children with unmet mental healthcare needs have when accessing care, including that nearly half had issues with providers not accepting their insurance.

3 Key findings for policymakers

- 1 **Mental healthcare can be expensive.** Costs can accumulate even if a family has insurance due to coverage gaps, high patient cost responsibilities and the need to see a provider that is not in their health plan's network.
- 2 **Mental health provider shortages across Ohio can be worsened due to insurance practices** such as low provider reimbursement rates, administrative burdens and insurers not covering certain mental health provider types.
- 3 **Children in need of mental health treatment have access to different services and supports based on insurance type.** Some children with commercial insurance do not have access to certain mental health services or models of care.

Figure ES.1. **Reasons for unmet mental healthcare need among Ohio children, ages 0-18, 2023**



Note: Questions were asked of those parents/caregivers who reported that their child did not receive needed mental health treatment. They were also asked about transportation and several other factors, and could have said yes to more than one of these barriers.

Source: HPIO analysis of the Ohio Medicaid Assessment Survey

Building on HPIO's [Access to mental healthcare for Ohio children and youth](#), this brief examines how the cost of mental healthcare and aspects of insurance coverage can hinder mental healthcare access for young Ohioans. Specifically, the brief describes:

- Costs and affordability of mental healthcare services
- Provider availability
- Insurance coverage limitations

Accessing needed mental health treatment is important, especially for children, because mental health conditions often continue into adulthood.¹ However, policymakers and employers must also consider cost implications when making decisions involving insurance coverage. Additionally, policymakers must balance the upfront costs of prevention and early care with the long-term costs of complications from untreated mental health conditions.²



Mental healthcare costs

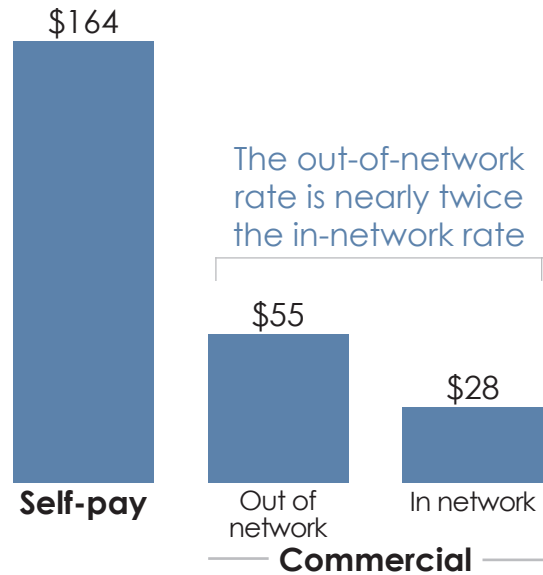
Healthcare for mental health issues can be expensive, and as many mental health conditions are chronic, they often require ongoing treatment. Costs of care and prescription drugs can accumulate quickly with or without insurance. Costs can be especially high when a child needing treatment:

- Sees a provider who has not contracted with the family's insurance plan (called an out-of-network provider)
- Does not have health insurance or the family's insurance plan does not cover a needed service, both of which would require the family to pay the full cost of care
- Has a high-deductible health plan, which requires the family to pay the majority of care costs until meeting a certain amount (i.e., deductible)

It is more common for patients to receive care from out-of-network providers for behavioral health services than for medical or surgical services.³ This can have considerable cost implications, as shown in figure ES.2.

There are various sources of public funding for mental health prevention and treatment for Ohio youth in addition to insurance reimbursement and patients' out-of-pocket payments. Some include federal grants, state funding and local levies.

Figure ES.2. **Average out-of-pocket cost for an individual 60-minute psychotherapy visit, 2021**



Note: Data used for this analysis was primarily for large group commercial insurance members
Source: Analysis of Milliman's Consolidated Health Cost Guidelines Database as reported in Access across America: State-by-state insights into the accessibility of care for mental health and substance use disorders. December 2023



Provider availability

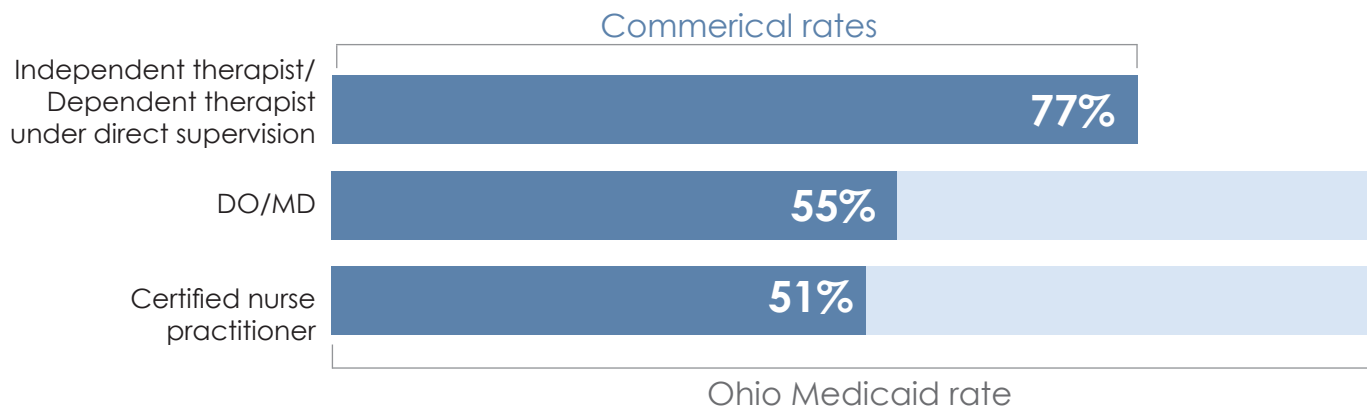
There are critical mental health provider shortages across the state.⁴ Several factors, described below, can worsen access gaps:

1. There are some mental healthcare provider types for which many commercial plans will not reimburse.⁵ This can considerably limit the number of providers available to children with commercial insurance.
2. Behavioral health clinicians in Ohio are reimbursed an average of 18% less than medical or surgical clinicians.⁶ Further, commercial insurance reimbursement rates are generally lower than Ohio Medicaid rates, as shown in the example in figure ES.3.
3. Administrative burdens, such as credentialing and billing complexity and navigating care denials, can strain provider capacity and lead to burnout. These factors, in addition to low reimbursement rates, lead some providers to not accept insurance and instead require patients to self-pay⁷, which is out of reach for many families.

Ensuring that insurance plans have adequate and accurate provider networks is important for assuring affordable access to care. Policies can be implemented to improve network adequacy and accuracy.

Figure ES.3. Commercial insurance reimbursement rates received by OhioGuidestone as a percentage of Ohio Medicaid rates, March 2026

Average revenue received from commercial insurers as a percentage of revenue received from Ohio Medicaid for OhioGuidestone's most common behavioral health services, by licensure type



Note: OhioGuidestone calculated revenue across licensure types by using the reimbursement rates across the most common procedural codes (30, 60 and 90-minute psychotherapy and diagnostic evaluations for the therapist licensures; and established patient with moderate complexity, CPT 99214, for DO/MD/CNP). For commercial insurance revenue, negotiated rates from the top three commercial insurers were weighted based on fiscal year (FY) 2025 revenue volume. The procedural codes were also weighted based on their FY 2025 revenue percentages.

Source: Provided by OhioGuidestone in April 2026



Insurance coverage limitations

Sometimes, the mental healthcare that a child can receive depends on what their insurance plan will cover. Otherwise, the family must pay the full cost out-of-pocket. Insurance plans will sometimes not cover a service at all, only allow a certain amount of care (e.g., a certain number of visits or days of care) or not pay for care that is provided in a certain setting (e.g., in a school or a home). Further, insurance companies use utilization management practices (e.g., prior authorization), which may result in decisions to deny coverage for care requested for a patient. These practices are in place to keep costs down, but can also play a role in ensuring quality and appropriateness of care.⁸ However, they may also delay or restrict access to care.

Medicaid coverage

In 2023, 45% of Ohio children had Medicaid insurance.⁹ Within Medicaid, the federally required Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit establishes standards to ensure that children and youth under the age of 21 have access to a comprehensive set of medically necessary services, including a robust continuum of behavioral health services.¹⁰ EPSDT is designed to guarantee that vulnerable populations receive early detection and treatment for health problems. Ohio's EPSDT program is called **Healthchek**.

Because of EPSDT, children and youth with Medicaid generally have a more robust and comprehensive set of mental health benefits compared to children with private commercial insurance. In Ohio, children eligible for **OhioRISE** have access to additional services including more intensive care coordination and behavioral health respite.¹¹

However, considerable funding losses are anticipated for the Ohio Medicaid program in the coming years due to policy changes in the 2025 federal reconciliation bill, **HR 1**. Ohio policymakers will need to make important decisions to address these funding cuts, some of which could negatively impact mental healthcare access for Ohio children. More information is available in HPIO's **Changes to Medicaid financing in Ohio policy explainer**.

Policy options

There are many actions public and private leaders can take to improve access to mental healthcare for young Ohioans. The full brief includes policy options to:

- Monitor costs of behavioral healthcare
- Expand provider availability
- Consider changes related to insurance limitations and **mental health parity**

See the **full brief** for more information.

Notes

1. "Mental Health of Adolescents," World Health Organization, October 2024. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
2. Sediqzadah, Saadia, et. al. "Cost effectiveness of early intervention in psychosis: A modeling study." *Psychiatric Services* 73 no. 9 (2022): 970-977. doi: 10.1176/appi.ps.202100161
3. Mark, Tami L. and William Parish. "Behavioral Health Parity – Pervasive Disparities in Access to In-Network Care Continue." RTI International, 2024.
4. "Access to mental healthcare for Ohio children and youth." HPIO, 2025.
5. James, Annette, et. al. "Ohio Behavioral Health Report to the Ohio Department of Insurance: A Comparison of Mental Health and Substance Use Disorder Benefits in the Medicaid and Fully Insured Commercial Health Insurance Markets." NovaRest Actuarial Consulting, 2022
6. Mark, Tami L. and William Parish. "Behavioral Health Parity – Pervasive Disparities in Access to In-Network Care Continue." RTI International, 2024.
7. "Mental healthcare: Access challenges for covered consumers and relevant federal efforts." U.S. Government Accountability Office, March 2022. See also "Barriers to Care in a Challenging Practice Environment: 2024 Practitioner Pulse Survey." American Psychological Association, Dec. 2024.
8. Giardino, Angelo P. and Michelle A. Lyn. "Utilization Management, Case Management, and Care Coordination" in *Medical Quality Management: Theory and Practice* Third Edition ed. Angelo P Giardino, Lee Ann Riesenbergs & Prathibha Varkey (American College of Medical Quality, 2021), 139-175.
9. HPIO Analysis of 2023 Ohio Medicaid Assessment Survey data.
10. "EPSDT Guidance: State Implications and Approaches to Behavioral Health for Children and Youth." Manatt Health, March 2025. See also "State Medicaid & CHIP Toolkit for Children's Behavioral Health Services and the EPSDT Requirements." CMS, Feb. 2026.
11. OhioRISE Frequently Asked Questions. Ohio Department of Medicaid, June 2022. Accessed Apr. 10, 2026. https://dam.assets.ohio.gov/image/upload/managedcare/medicaid.ohio.gov/OhioRISE/OhioRISE_FAQ.pdf

Acknowledgments

HPIO thanks members of the **Child Mental Health Advisory Group** for their contributions to this brief.

Ohio Child Mental Health Project

Led by the Health Policy Institute of Ohio and informed by a **multi-sector advisory group**, this project includes a series of policy briefs exploring child and youth mental health in Ohio.

<https://bit.ly/4xqi0aW>



Support for this project was provided by the Harmony Project, the Woodruff Foundation and HPIO's **core funders**



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