



Ohio Maternal and Child Health Fact Sheet

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Summary

Medicaid is the publicly funded insurance program that provides health care coverage for people with low incomes. Nationwide, 69 percent of Medicaid beneficiaries are enrolled in comprehensive managed care plans.¹ Most are enrolled in capitated managed care plans, which receive a fixed payment per enrollee regardless of the type and quantity of services provided. This means that plans have a strong incentive to tightly control the volume of services provided – perhaps even skimping on coverage of necessary ones. It is important, therefore, to monitor information about Medicaid managed care service delivery and quality to ensure compliance with federal and state law.

Administered by the Ohio Department of Medicaid, most Medicaid beneficiaries are eligible for membership in an Ohio Medicaid managed care plan (MCP). Ohio currently contracts with five managed care organizations (MCOs): Buckeye Health Plan, CareSource, Molina Healthcare, Paramount Advantage, and UnitedHealthcare.² The MyCare Ohio plan covers the full continuum of Medicare and Medicaid benefits and the coordination of long-term care services, behavioral health services, and physical health services for dual-eligible adults.³

This fact sheet reports data from several sources that measure health care delivery and quality across Ohio's Medicaid managed care program. It samples and summarizes data from the state's latest [External Quality Review](#) Report, measures from the [Healthcare Effectiveness Data and Information Set \(HEDIS\)](#), results from the Agency of Healthcare

¹ KFF [10 Things To Know About Medicaid Managed Care](#). 69% of all Medicaid beneficiaries received their care through comprehensive risk-based MCOs. 12 states do not have comprehensive Medicaid Managed Care: AL, AK, AR, CT, ID, ME, MT, NC, OK, SD, VT, WY

² [Ohio Managed Care](#) (visited November 10, 2020)

³ [MyCare Ohio](#) (visited November 10, 2020)

Research and Quality's (AHRQ) [Consumer Assessment of Healthcare Providers and Systems \(CAHPS\) survey](#), National Committee for Quality Assurance (NCQA) [plan ratings](#) and the Commonwealth Fund's [Scorecard on State Health System Performance](#), to assess the quality of maternal and child health care delivery at the state, local, and health system level.

These rating systems indicate that Medicaid managed care plans in Ohio are above the national median in some measures like adolescent Well-Child and Well-Care visits and do particularly well on measures relating to managing childhood chronic conditions and behavioral health. The MCPs fall below the national median in ensuring children access to primary care visits, keeping children up-to-date on immunizations, and providing children nutritional and physical activity counseling. Ohio is ranked near the bottom of the country on Emergency Department use for ambulatory care visits. Further, in the areas mentioned above where the statewide average performance exceeds the national median, those numbers are typically bolstered by the performance of one or two of the MCPs rather than the managed care system as a whole. One exception to this trend is women's prenatal and postpartum care with 80 percent of the MCPs exceeding the national median on those areas of care. The variance in these performance measures might lead to the assumption that the plans' members would be critical of the care they receive, but the MCPs are favorably rated by their members. Even so, Ohio's MCOs have significant room to improve the quality of care delivered to Medicaid recipients in their state. The Commonwealth Fund 2020 Scorecard on State Health System Performance estimates that if Ohio's health care system as a whole performed as well as the highest performing state, approximately 452,000 more adults and children would have access to both public and private health insurance and therefore be more likely to receive health care when needed.⁴ Given the proportion of the state's children receiving health care through managed care, it is imperative that MCOs are held accountable for the quality of care they are providing.⁵ Thorough and sustained measurement of the managed care population will allow MCOs to identify deficiencies in their service delivery

⁴ The Commonwealth Fund, [2020 Scorecard on State Health System Performance](#), (visited November 10, 2020).

⁵ [Population Under 18 Years By Age](#), American Community Survey: In 2018 there were 2,590,436 Ohio residents under age 18. In July 2020 there were a total of 1,218,896 Ohio children enrolled in Medicaid and CHIP www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html (visited November 10, 2020)

models and highlight adjustments that are necessary to strengthen the overall health of the population.

HEDIS Performance Measurement Data:

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than ninety percent of America's health plans to measure performance on important dimensions of care and service. Altogether, HEDIS consists of ninety-two measures across six domains of care.⁶ The information gathered from HEDIS data allows health plans, health systems, and care providers to track performance over time and make comparisons about the quality of care that patients receive within states and around the country.

The Medicaid Core Sets:

Fourteen HEDIS measures were selected by CMS for inclusion in the 2020 [CMS Medicaid/CHIP Child Core Set](#) to assess the quality of care provided to and health outcomes of children in Medicaid and CHIP. The Core Set assesses primary care access and preventive care, maternal and perinatal health, care of acute and chronic conditions, behavioral health care, and dental and oral health services. During federal fiscal year (FFY) 2019, Ohio voluntarily reported seventeen of twenty-one health care quality measures from the Child Core Set. The state also reported eighteen of twenty-four health care quality measures in the [CMS Medicaid Adult Core Set](#).

2019 External Quality Review Report - Statewide MCO Averages

State Medicaid agencies who contract with MCOs must evaluate MCO compliance with state and federal regulations. States have tremendous flexibility in deciding who will perform a compliance review and are incentivized to work with recognized external quality review organizations (EQROs) to access federal matching funds that cover the cost of the review. The EQRO must assess the MCOs on: quality, timeliness and access to care; managed care plan strengths and weaknesses and recommend areas for

⁶ The six domains of care are: Effectiveness of Care; Access/Availability of Care; Experience of Care; Utilization and Risk Adjusted Utilization; Health Plan Descriptive Information; Measures Collected Using Electronic Clinical Data Systems. Each of the individual HEDIS measures can be categorized into one of the domains. Nat'l Comm. for Quality Assurance, *HEDIS and Performance Measurement*, <https://www.ncqa.org/hedis/> (last visited Oct. 26, 2018).

quality improvement; and how well plans responded to the previous year's recommendations for improvement.⁷

Ohio managed care health plans were evaluated by the EQRO Health Services Advisory Group (HSAG). Their findings are summarized in the sections that follow.

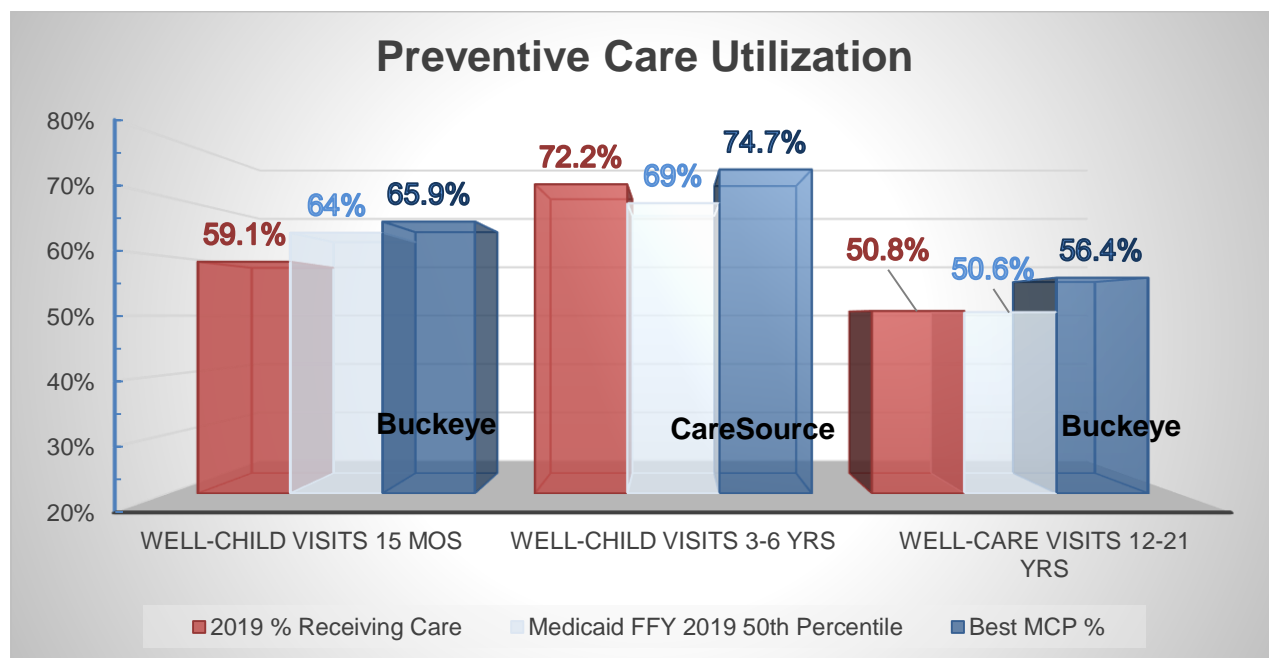
The measures listed in the graphs that follow are those that cover maternal and child health. The percentages indicate the ratio of the number of children receiving a particular service to the number of eligible children.

The charts present the statewide average of the five Ohio Medicaid managed care plans for 2019 with a comparison to national Medicaid performance, and the highest performing plan for that measure with the name of the highest performing MCP overlaying the column. As described in the 2019 EQR, the Ohio Department of Medicaid compared plan performance to the national Medicaid fiftieth percentile. The fiftieth percentile is the median care delivery value which half of states fall below and half of states rank above. The majority of Ohio managed care plans increased in the percentage of HEDIS measure indicators that met the state's minimum performance standard.

Ohio's national ranking is listed for thirteen measures that reported on the [Medicaid and CHIP Scorecard](#). Of those measures, Ohio ranked in the Top-10 on just one measure, Asthma Medication Ratio – Ages 12 to 18. The state is ranked in the bottom 10 on three measures, Children with an Annual Dental Visit, Ambulatory Care Visits to the Emergency Department, and HPV Vaccinations.

⁷ Wayne Turner et al., Nat'l Health Law Prog., *A Guide to Oversight, Transparency, and Accountability in Medicaid Managed Care* (Mar. 2015), <http://www.healthlaw.org/publications/browse-all-publications/managed-care-toolkit-march-2015>.

Children's Preventive Care:



Sources: Qsource, State Fiscal Year 2019 Annual EQRO Technical Report, pg. 33; [Medicaid and CHIP in Ohio: Quality of Care In Ohio](#) (visited November 10, 2020) ^{8 9}

Ohio national rankings in these measures

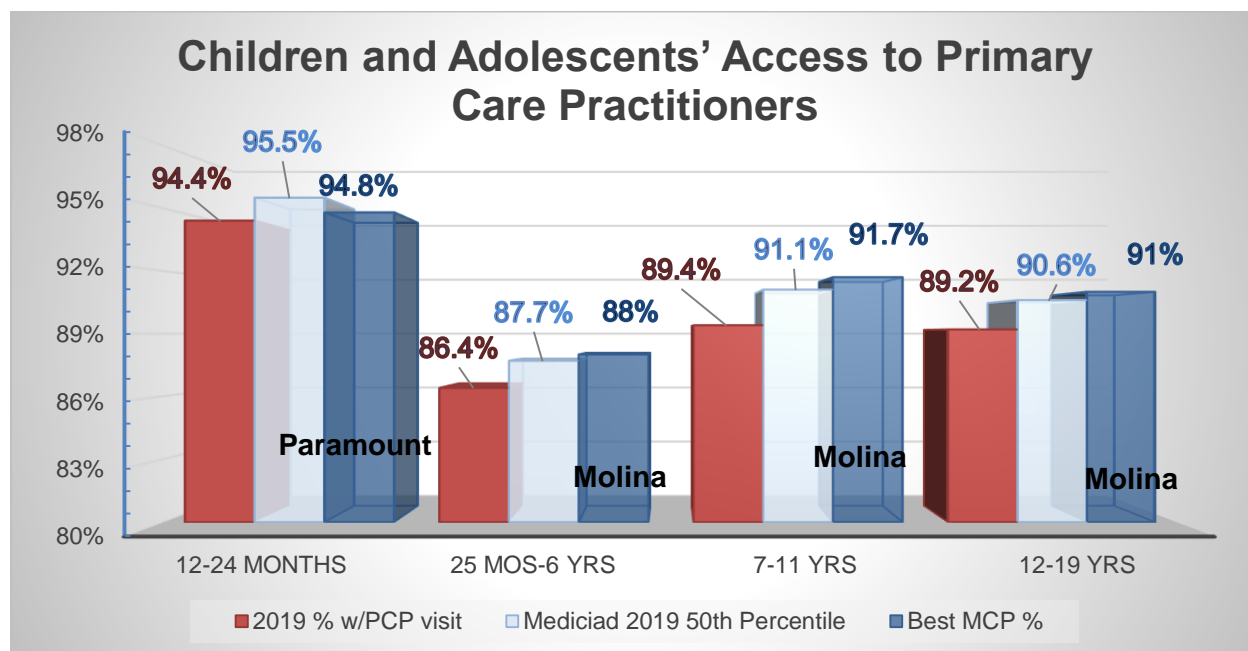
- Well-Child Visits First 15 months: 33 of 48 states reporting
- Well-Child Visits Ages 3 to 6: 17 of 49 states reporting
- Well-Care Visits Ages 12 to 21: 22 of 49 states reporting

⁸ Ohio's Managed Care Plans aggregate performance on infant Well-Child visits fell below the Medicaid 50th percentile. Only Buckeye Health Plan scored above the median. In the 3-6 Well-Child measure 3 of 5 plans exceeded the national median led by CareSource. Only 2 of 5 plans exceeded the national median on adolescent Well-Care visits in 2019, led again by Buckeye.

⁹ Regular PCP visits reduce non-emergency ER use and fill the need for screening, treatment and preventative services. Well-Care visits assess physical, emotional and social development; promote healthy behaviors

- *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* – percentage of children who received one or more visits with PCP during measurement year
- *Adolescent Well-Care Visits* – same as above, ages 12-21, visits with PCP or OB/GYN

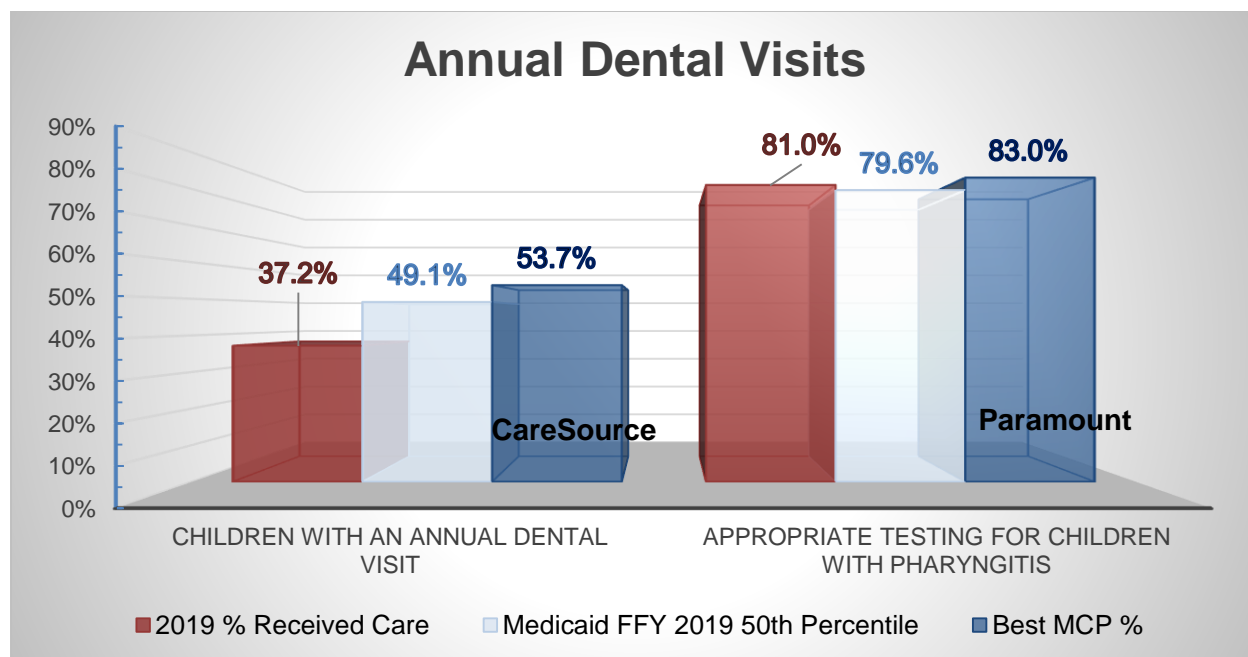
Access to Care



Source: Qsource, *State Fiscal Year 2019 Annual EQRO Technical Report*, pg.32; [Medicaid and CHIP in Ohio: Quality of Care In Ohio](#) (visited November 10, 2020) ^{10 11}

¹⁰ Medicaid does not publish individual state rankings for these measures on their Medicaid & CHIP Scorecard

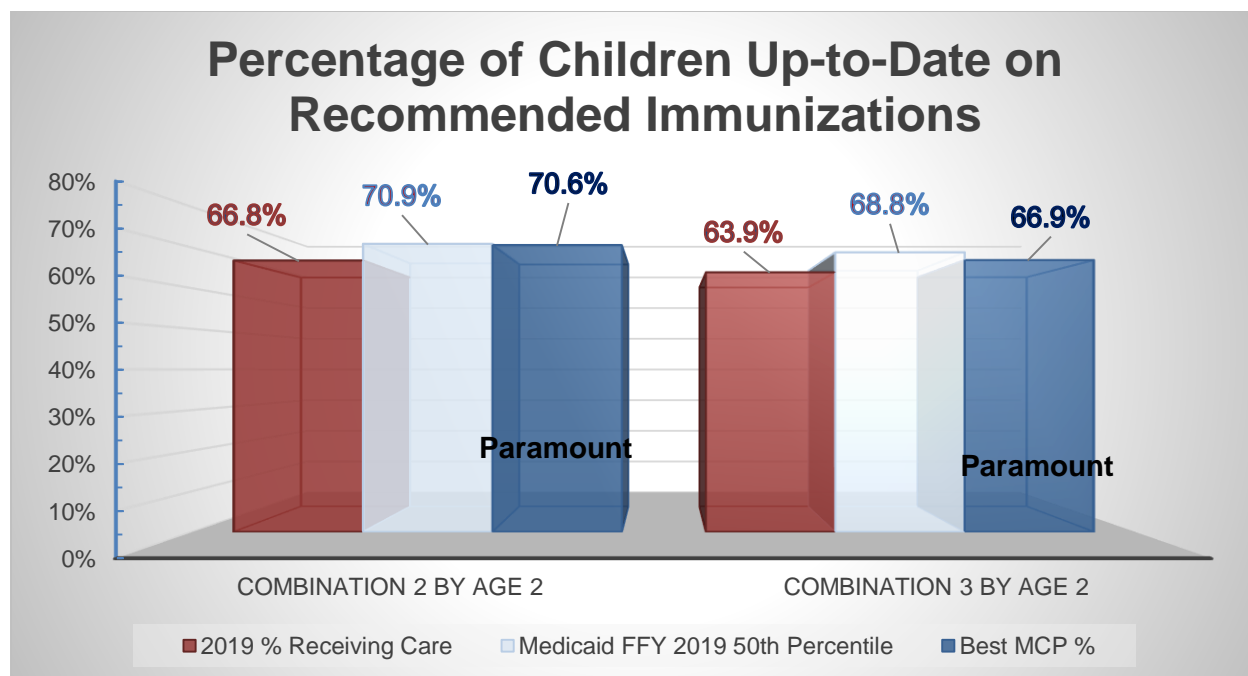
¹¹ On average, Ohio's MCPs scored below the national median in all child and adolescent age groups on access to Primary Care Physicians in 2019. All 5 plans were below the national median in the 12 to 24-month age group and only Molina scored above the national median in the other three age groups.



Sources: Qsource, *State Fiscal Year 2019 Annual EQRO Technical Report*, pg. 32; [Medicaid and CHIP in Ohio: Quality of Care In Ohio](#) (visited November 10, 2020) ¹²

Ohio's national ranking for Children with an Annual Dental Visit: 46 of 51 states reporting.

¹² Although Ohio's statewide average access to dental care visits reported in the EQR was above the national median in FY 2019, only 2 of 5 MCPs exceeded the Medicaid 50th percentile: CareSource & Molina. It should be noted; Ohio reports dental visits from ages 2-20 per the HEDIS measure but the Child Core Set measure includes ages 1-20. 4 of the 5 MCPs exceeded the national average for appropriate testing for children with pharyngitis. Paramount was the top scoring plan.

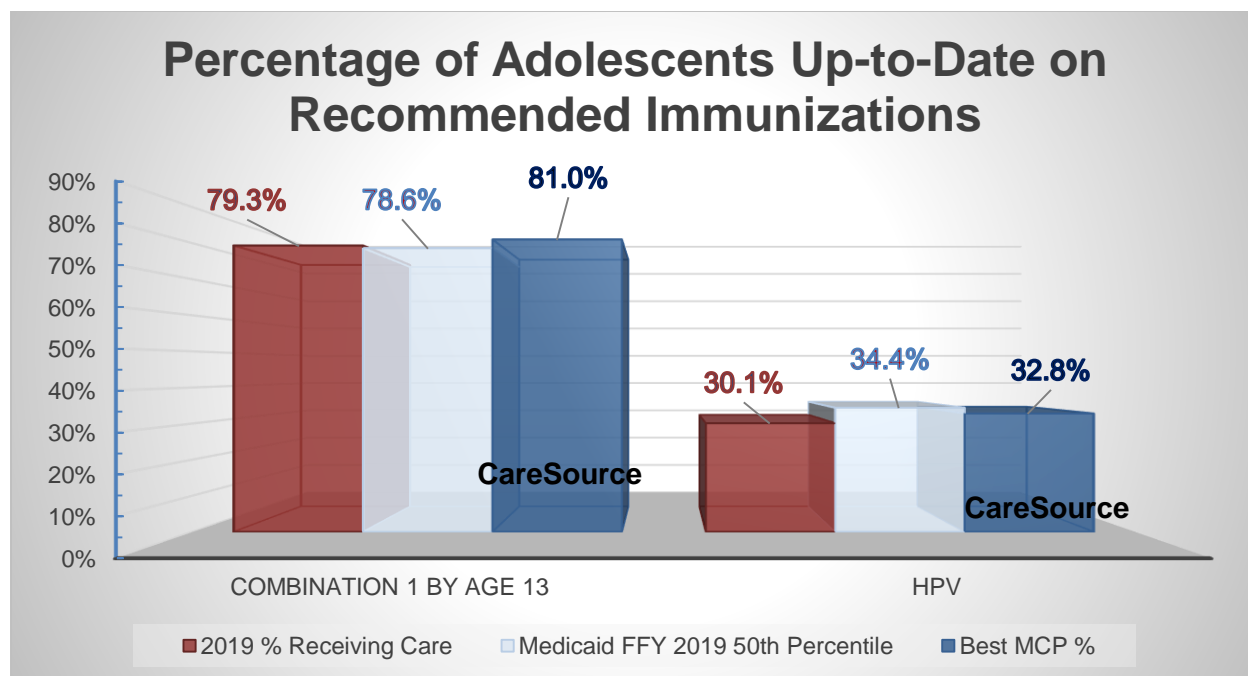


Source: Qsource, *State Fiscal Year 2019 Annual EQRO Technical Report*, pg. 32. [Medicaid and CHIP in Ohio: Quality of Care In Ohio](#) (visited November 11, 2020) ^{13 14 15}

¹³ Medicaid does not publish individual state rankings for these measures on their Medicaid & CHIP Scorecard

¹⁴ Children in Ohio received a lower percentage of recommended Combination 2 and Combination 3 immunizations than the Medicaid 50th percentile of immunizations. Paramount was the highest scoring MCP but also below the median for both immunizations.

¹⁵ Childhood Immunization Combination 2 - DTAP, IPV, MMR, HIB Hepatitis B, VZV ; Childhood Immunization Combination 3 - DTAP, IPV, MMR, HIB Hepatitis B, VZV and PCV - <https://www.ncqa.org/hedis/measures/childhood-immunization-status/> (last visited Nov. 21, 2019)



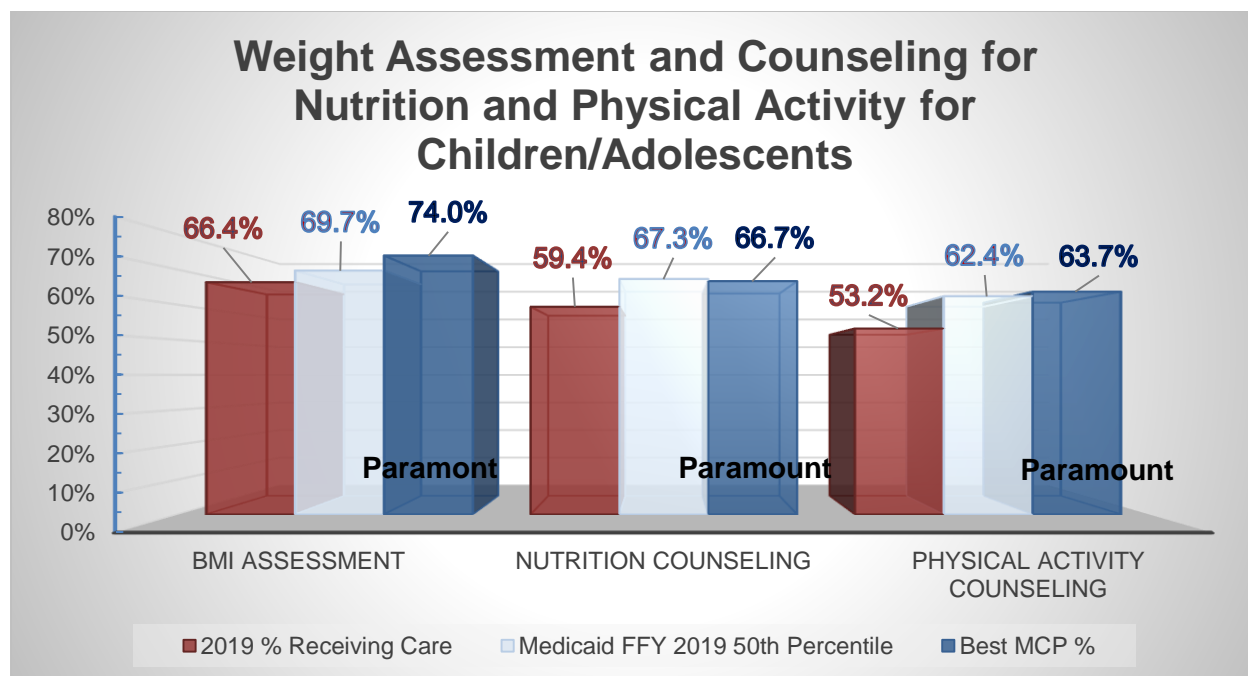
Source: Qsource, *State Fiscal Year 2019 Annual EQRO Technical Report*, pg. 32. [Medicaid and CHIP in Ohio: Quality of Care in Ohio](#). (visited November 11, 2020) ^{16 17}

Ohio national rankings in these measures

- Combination 1 by Age 13: 21 of 44 states reporting
- HPV by Age 13: 36 of 45 states reporting

¹⁶ The statewide average for adolescents' Combination 1 immunizations exceeded the Medicaid 50th percentile, but only 2 of the 5 MCPs achieved this: CareSource and UnitedHealthcare. The statewide average for HPV vaccinations did not meet the Medicaid 50th percentile in 2019. CareSource administered the most HPV vaccines.

¹⁷ Adolescent Immunization Combination 1 (Meningococcal, TDAP/TD); Human Papillomavirus (HPV) <https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/> (visited Nov. 21, 2019)



Source: Qsource, *State Fiscal Year 2019 Annual EQRO Technical Report*, pg. 32. [Medicaid and CHIP in Ohio: Quality of Care in Ohio](#). (visited November 11, 2020) ^{18 19}

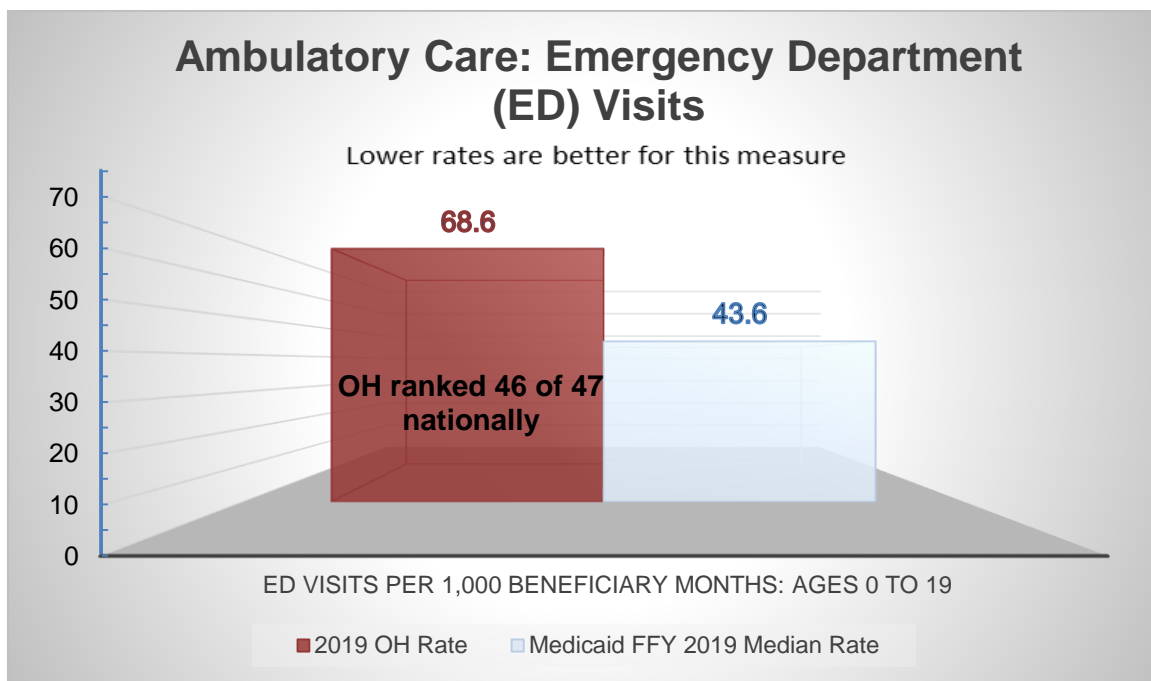
Overall, Ohio reported thirteen Primary Care Access & Preventive Care measures to Medicaid in 2019. Of those, 58 percent fell between the 1st quartile and the Medicaid 50th percentile. Thirty-one percent scored between the national median and the top quartile but none of the measures exceeded the top quartile. Fifteen percent of the measures fell below the first quartile.

Below 1st Quartile	1st Quartile - Median	Median - Top Quartile	Above Top Quartile
2 of 13	7 of 13	4 of 13	

¹⁸ Medicaid does not publish individual state rankings for these measures on their Medicaid & CHIP Scorecard

¹⁹ The statewide averages for BMI assessments, nutrition counseling, and physical activity counseling all scored below the national Medicaid 50th percentiles for each measure. Only 2 of 5 MCPs scored above the average for BMI assessments and physical activity counseling. None of the plans exceeded the Medicaid average for nutrition counseling. Paramount was the highest scoring MCP for all 3 assessments.

Care of Acute and Chronic Conditions

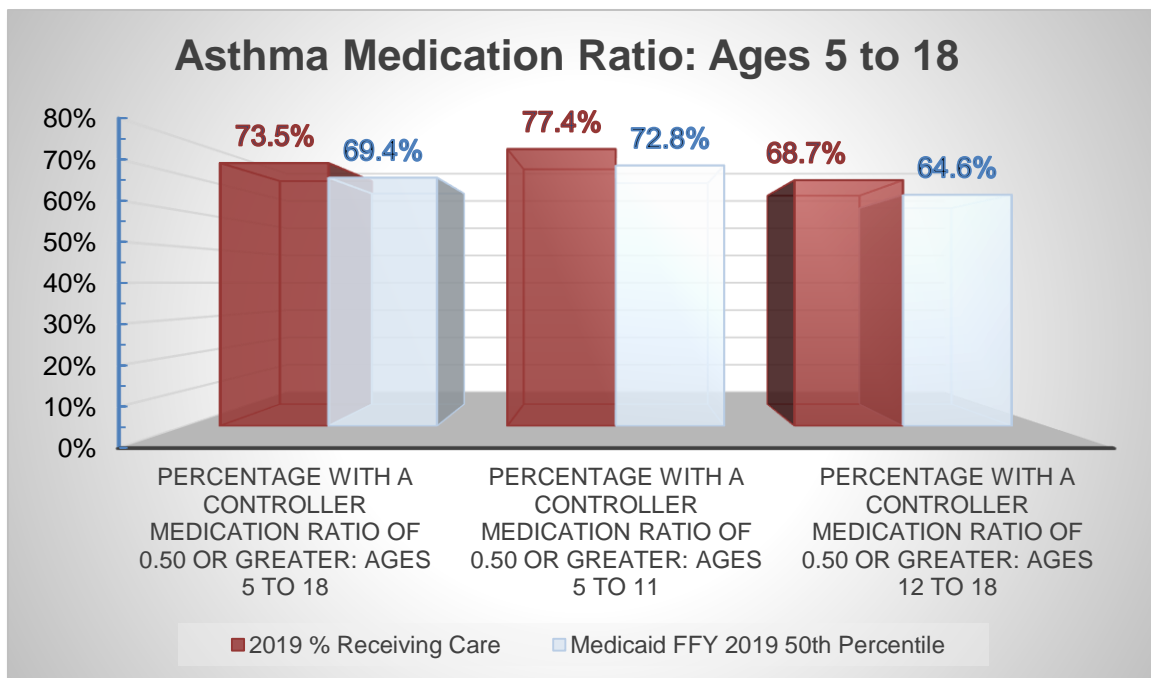


Source: [Medicaid and CHIP in Ohio: Quality of Care in Ohio](#). (visited November 11, 2020)^{20 21 22}

²⁰ Ambulatory Care ED visits - <https://www.medicaid.gov/state-overviews/scorecard/ambulatory-care-emergency-department-visits/index.html>

²¹ The statewide Ohio MCP ED visit rate for children and adolescents was higher than the Medicaid national median. Lower rates of Emergency Department visits are an indication of better management of acute and chronic conditions.

²² Ohio's EQR report only gives plan-level Emergency Department visit rate data for the managed care population as a whole and does not report separate data for children and adolescents.



Source: [Medicaid and CHIP in Ohio: Quality of Care in Ohio](#). (visited November 11, 2020) ^{23 24 25}

Ohio national rankings in these measures

- Asthma Medication Ratio – Ages 5 to 18: 14 out of 40 states reporting
- Asthma Medication Ratio – Ages 5 to 11: 13 out of 39 states reporting
- Asthma Medication Ratio – Ages 12 to 18: 10 out of 39 states reporting

Ohio reported four Care of Acute and Chronic Conditions measures to Medicaid in 2019. The state scored above the Medicaid national median on three of the four measures.

²³ *Asthma Medication Ratio* – assesses those who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. Appropriate medication management for patients with asthma could reduce the need for rescue medication—as well as the costs associated with ER visits, inpatient admissions and missed days of work or school.

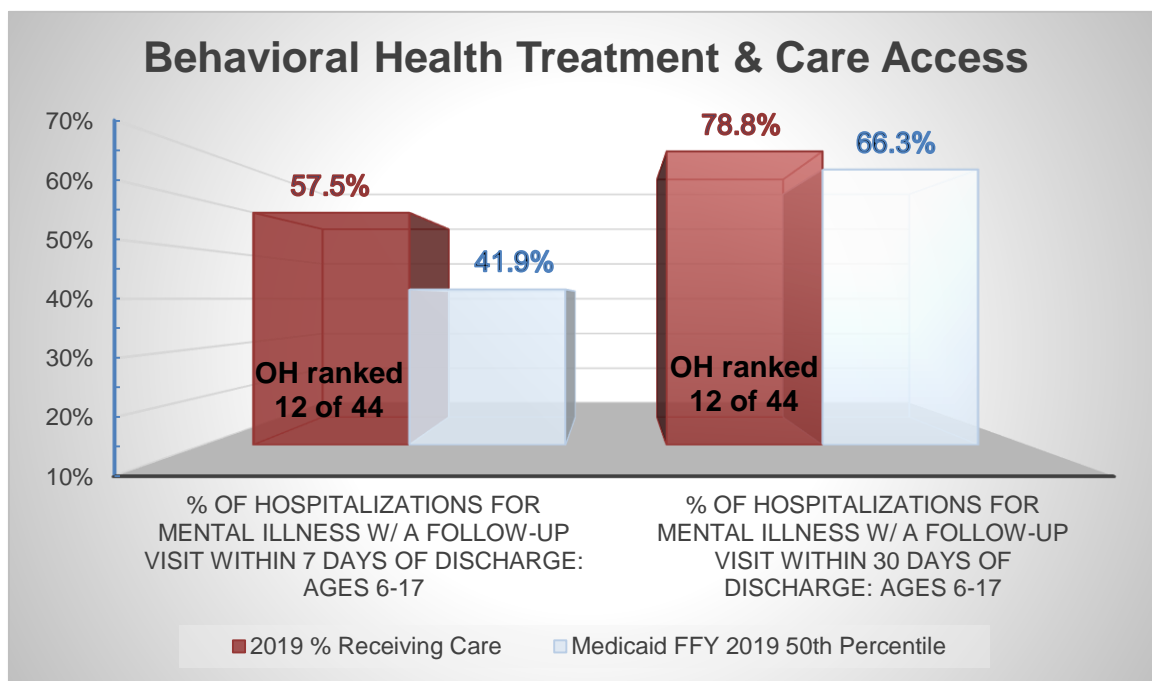
<https://www.ncqa.org/hedis/measures/medication-management-for-people-with-asthma-and-asthma-medication-ratio/> (visited Nov, 12, 2020)

²⁴ The statewide Ohio MCP average for asthma medication ratio was higher than the Medicaid national median on all three age groupings.

²⁵ Ohio's EQR report only gives plan-level asthma medication ratio data for the managed care population as a whole and does not report separate data for children and adolescents.

Below 1st Quartile	1st Quartile - Median	Median - Top Quartile	Above Top Quartile
1 of 4		2 of 4	1 of 4

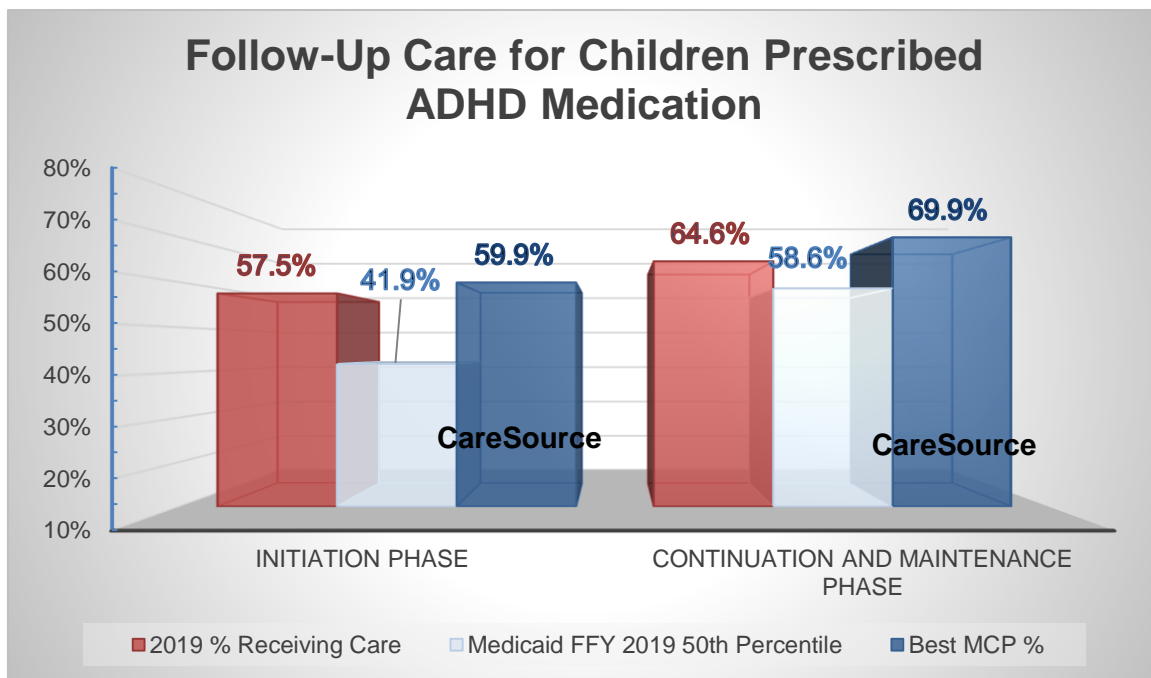
Behavioral Health



Source: [Medicaid and CHIP in Ohio: Quality of Care In Ohio](#). (visited November, 11, 2020) ^{26 27}

²⁶ Ohio's EQR report only gives plan-level follow-up visit after discharge data for the managed care population as a whole and does not report separate data for children and adolescents.

²⁷ Children and adolescents in Ohio accessed a higher percentage of behavioral health treatment and mental illness treatment than the national median for Follow-Up Visits Following Hospitalization.



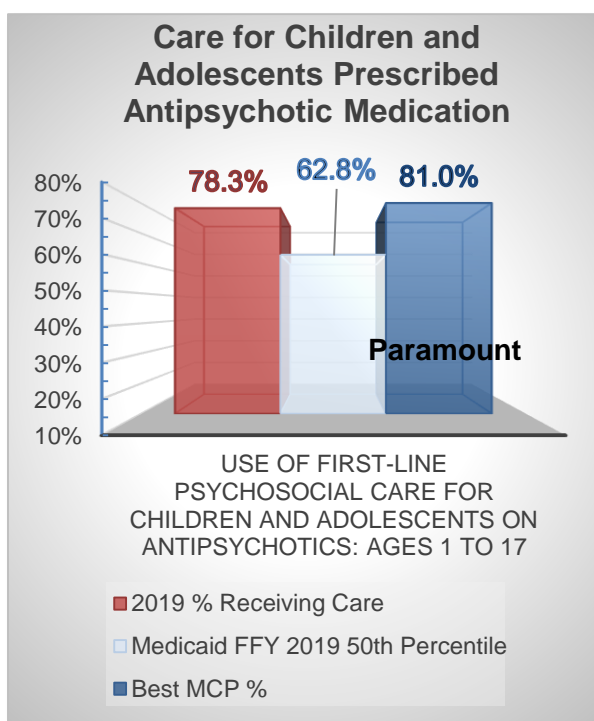
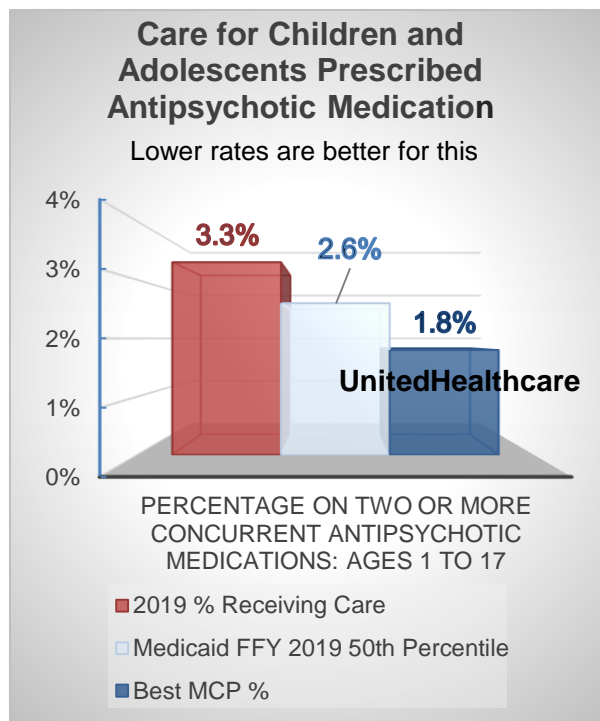
Sources: Qsource, *State Fiscal Year 2019 Annual EQRO Technical Report*, pg. 34. [Medicaid and CHIP in Ohio: Quality of Care In Ohio](#). (visited November, 11, 2020) ^{28 29 30 31}

²⁸ Medicaid does not publish individual state rankings for these measures on their Medicaid & CHIP Scorecard

²⁹ On average, Ohio's MCPs prescribed ADHD medication to higher percentages of children than the Medicaid national median. 4 of 5 plans exceeded the national in the initiation phase and 3 of 5 plans exceeded the national median in the continuation phase. CareSource prescribed medication to the most children among the 5 MCPs in both phases.

³⁰ Initiation Phase is the percentage of children, ages 6-12, newly prescribed ADHD medication with 1 follow-up visit during the 30-days after diagnosis.

³¹ Continuation and Maintenance is the percentage of children, ages 6-12, newly prescribed ADHD medication with at least 2 follow-up visits in the 9 months following the Initiation Phase. Florida's percentage of children receiving ADHD medication declined from 2017 to 2018 in both the Initiation and Continuation and Maintenance Phases.



Sources: Qsource, *State Fiscal Year 2019 Annual EQRO Technical Report*, pg. 34. [Medicaid and CHIP in Ohio: Quality of Care In Ohio](#). (visited November, 11, 2020) ^{32 33 34 35}

In 2019, Ohio reported six Behavioral Health measures to Medicaid. One measure, Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics,

³² Medicaid does not publish individual state rankings for these measures on their Medicaid & CHIP Scorecard

³³ Only 2 of 5 Ohio MCPs exceeded the Medicaid national median on use of multiple concurrent antipsychotic medications, but all 5 of the MCPs exceeded the national median on use of first-line psychosocial care for children and adolescents prescribed antipsychotic medications.

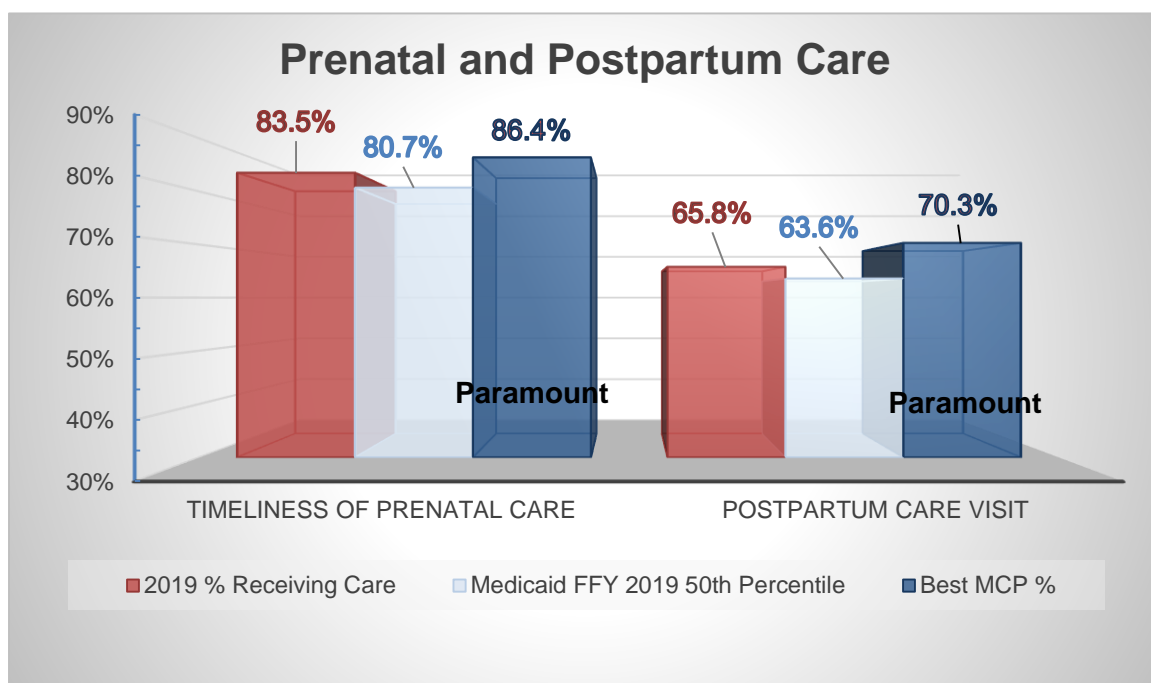
³⁴ *Use of Multiple Concurrent Antipsychotics in Children and Adolescents* – assesses the percentage of children and adolescents who were on two or more concurrent antipsychotic medications for an extended period during the year. Children and adolescents prescribed antipsychotics are at risk for serious health concerns. This includes weight gain, extrapyramidal side effects, hyperprolactinemia and some metabolic effects. Nat'l Comm. for Quality Assurance, <https://www.ncqa.org/hedis/measures/use-of-multiple-concurrent-antipsychotics-in-children-and-adolescents/> (visited November 12, 2020).

³⁵ *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics* – measures the percentage of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions for non-psychotic conditions and had documentation of psychosocial care as first-line treatment. Nat'l Comm. for Quality Assurance, *Prenatal and Postpartum Care*, <https://www.ncqa.org/hedis/measures/use-of-first-line-psychosocial-care-for-children-and-adolescents-on-anti-psychoics/> (visited Nov. 9, 2018).

exceeded the top quartile of national results, and two-thirds fell above the national median in the second quartile.

Below 1st Quartile	1st Quartile - Median	Median - Top Quartile	Above Top Quartile
	1 of 6	4 of 6	1 of 6

Maternal Health

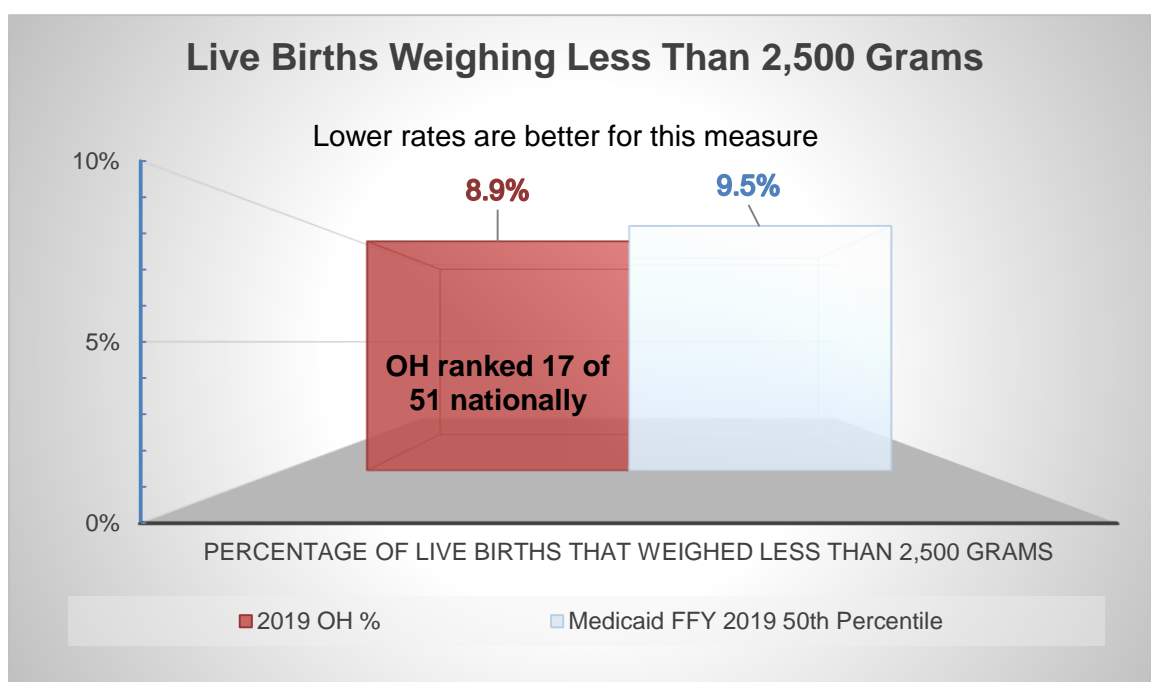


Sources: Qsource, *State Fiscal Year 2019 Annual EQRO Technical Report*, pg. 33. [Medicaid and CHIP in Ohio: Quality of Care In Ohio](#). (visited November, 11, 2020) ^{36 37 38}

³⁶ 4 of 5 Ohio's MCP scored above the Medicaid national median on both timeliness of prenatal care and access to postpartum care visit. Paramount had the highest scores on both measures and Buckeye Health Plan was the only plan below the median on both.

³⁷ Prenatal Care Visit the percentage of deliveries that received a visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.

³⁸ Postpartum Care Visit is defined as a visit on or between 21 and 56 days after delivery. These metrics comes from a recommendation by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists that a woman with an uncomplicated pregnancy be examined at least once in the first trimester for prenatal care and approximately



Source: [Medicaid and CHIP in Ohio: Quality of Care In Ohio](#). (visited November 12, 2020) ³⁹ ⁴⁰

Overall, in 2018, Ohio reported three Maternal or Perinatal health measures to Medicaid. All three measures exceeded the national median in the third quartile.

Below 1st Quartile	1st Quartile - Median	Median - Top Quartile	Above Top Quartile
		3 of 3	

Patient Experience Ratings

Another aspect of the external quality review is an assessment of patient experience with the managed care plans. The Ohio Department of Medicaid administered member satisfaction surveys to parents/caretakers of child Medicaid beneficiaries. ODM utilizes

4–6 weeks after delivery for postpartum care. <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/> (visited May 15, 2020)

³⁹ *Percentage of Live Births That Weighed Less Than 2,500 Grams* – Infant birth weight is a common measure of infant and maternal health and well-being. Infants weighing less than 2,500 grams at birth may experience serious and costly health problems and developmental delays.

⁴⁰ Ohio Medicaid and CHIP reported a lower percentage of live births weighing less than 2,500 grams than the Medicaid national median. Lower rates are better for this measure. Ohio's EQR report did not include this measure in their Women's Health information.

the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey to elicit performance feedback that can be turned into opportunities to improve overall member satisfaction. The survey assesses member satisfaction with the plans in nine areas: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Coordination of Care. The survey results are compared to 2018 national Medicaid percentile benchmarks.

On the whole, Ohio parents and caretakers express high satisfaction with their children's MCP. Ohio Medicaid scored at or above the 90th percentile for Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Coordination of Care. The program scored at or between the 75th and 89th percentiles for Rating of Health Plan and Getting Needed Care. There were no measures on the child survey that Ohio Medicaid scored below the 74th percentile.

At the individual plan level, there only six measures that MCPs scored below the 74th percentile. Buckeye Health Plan, Molina, and Paramount scored between the 50th and 74th percentile on Rating of Health Plan. Molina scored between the 50th and 74th percentile on Getting Needed Care. UnitedHealthcare scored between the 50th and 74th percentile on Coordination of Care and the plan scored between the 25th and 49th percentile on Rating of Health Plan, which was the lowest percentile rating of a measure across all five MCPs. The highest rated plan, CareSource, scored above the 90th percentile on all nine performance measures on the child survey.

Despite the generally high ratings, the top program priority areas identified for improvement by HSAG and the survey results included the amount of time a child's personal doctor spends with the child; getting an appointment as soon as needed; getting an appointment to see a specialist as soon as needed; ease of getting treatment; and receiving information or help from the health plan's customer service.⁴¹

NCQA Individual Plan Ratings

National Committee for Quality Assurance (NCQA) seeks to identify the best performing providers and practices by [rating health insurance plans](#) on clinical quality through HEDIS scores and member satisfaction survey results.⁴² The results of this information

⁴¹ Qsource, *State Fiscal Year 2019 Annual EQRO Technical Report*, pg. 44.

⁴² Outcomes measures are weighted more heavily in the ratings than patient experience and process measures.

gathering is compiled into a Report Card for private commercial, Medicare, and Medicaid insurance plans.

In 2019 Ohio had five Medicaid MCOs operating in the state that all reported sufficient data to earn a rating from NCQA. Paramount Advantage received a 4.0 Overall Rating and the other four plans received 3.5 Overall Ratings on a scale of 1 to 5.⁴³

All of the plans received their lowest ratings on the Prevention composite which is comprised of ratings for Children and Adolescent Well-Care and Women's Reproductive Health.

Plan Ratings for Children and Adolescent Well-Care					
Plan Name	Dental Visits	Childhood Immunizations	Adolescent Immunizations	BMI Assessment	Overall
Paramount Adv	2.0	3.0	2.0	3.0	2.5
CareSource	3.0	2.0	3.0	2.0	2.5
Molina	2.0	3.0	2.0	2.0	2.5
UnitedHealthcare	2.0	2.0	2.0	2.0	2.0
Buckeye Health Plan	2.0	2.0	1.0	2.0	1.5

Plan Ratings for Women's Reproductive Health Care			
Plan Name	Prenatal Care	Postpartum Care	Overall
Paramount Adv	4.0	4.0	4.0
Molina	3.0	3.0	3.0
UnitedHealthcare	3.0	3.0	3.0

⁴³ The 1 to 5 rating scale is derived from where a plan, composite, subcomposite, or individual measure fall into the following percentiles: 10th, 33.33rd, 66.67th, and 90th. A plan that is in the top decile of plans = 5. A plan that is in the top 3rd of plans, but not in the top 10th = 4. A plan in the middle 3rd of all plans = 3. A plan that is in the bottom 3rd of plans, but not in the bottom 10 percent = 2. A plan that is in the bottom 10 percent of plans = 1.

CareSource	3.0	2.0	2.5
Buckeye Health Plan	2.0	2.0	2.0

The Commonwealth Fund State Scorecard on State Health System Performance

The Commonwealth Fund broadly defines a health care system as the way “health care services are financed, organized, and delivered to meet societal goals for health. It includes the people, institutions, and organizations that interact to meet the goals, as well as the processes and structures that guide these interactions.”⁴⁴ The term “health system” is used to collectively refer to people’s ability to access care, the quality of care they receive, overall healthcare spending, and health outcomes.⁴⁵ The Commonwealth Fund State Health System Rankings are compiled from forty-nine indicators spanning health care system performance, that are representative of four dimensions of care (access and affordability, prevention and treatment, preventable hospital use and cost and healthy lives measures).⁴⁶ Additionally, health care disparities are tracked across eleven indicators comparing households that have incomes below 200% of the Federal Poverty Level (FPL) with those from households earning 400% of the FPL and above. The disparities indicators which concern children’s health include percentage of children who do not receive recommended vaccines, and percentage of children who did not receive needed mental health treatment.⁴⁷ New to the scorecards in 2020 are ten indicators of race and ethnicity disparities, although infant mortality is the only children’s health disparity indicator tracked across race and ethnicity. These indicators draw from publicly available data sources, including government-sponsored surveys, registries, quality indicators, vital statistics, mortality data and administrative databases.

⁴⁴ The Commonwealth Fund: Commission on a High Performance Health System, *Framework for a High Performance Health System for the United States*, August 2006. Pg. 2

⁴⁵ Email correspondence with David Radley, Senior Scientist, Tracking Health System Performance, The Commonwealth Fund. 12/4/2020

⁴⁶ Broadly, the indicators tracked by the Commonwealth Fund measure health system performance on access to care, quality of care, health outcomes, and health disparities.

⁴⁷ The following indicators are used to measure health system performance on children’s health disparities: Children without all components of a medical home, Children without both a medical and dental preventive care visit in the past year, Children who did not receive needed mental health treatment, Children ages 19–35 months who did not receive all recommended vaccines, Hospital admissions for pediatric asthma, per 100,000 children. See table below.

The rankings are inclusive of all health systems across the state including private commercial health systems and Medicaid MCOs.

Ohio's health systems rank twenty-eighth out of fifty-one (fifty states and Washington D.C.) across the four dimensions of care. This is a moderate improvement nationally over the baseline rankings (generally 2014) in which Ohio was ranked thirty-fourth. Within the Great Lakes region, Ohio ranks fourth out of five, ahead of Indiana. Michigan and Illinois rank twenty-seventh and twenty-fifth; only Wisconsin ranks in the top quartile of states in the region at thirteen. Ohio ranks in the top two quartiles on two of ten child health indicators and has an average national rank of twenty-second on child health indicators. Ohio ranks eighth on the fewest percentage of children without both a medical and dental preventive care visit in the past year, which is their highest ranking. With regard to health disparities between the state's low and higher income populations, Ohio lowered their rate of children who did not receive all recommended vaccines and narrowed the disparity between low and high income groups. Due to being newly tracked data, there is no trend information regarding race and ethnicity disparities. The only child-focused race and ethnicity disparity indicator is infant mortality. Ohio's infant mortality rate, per 1000 live births is over two and a half times higher for Blacks than Whites. The infant mortality rate disparity between Hispanics and Whites is 1.4 times higher for Hispanics. The chart below details Ohio's performance on the indicators that assess delivery of children's health care and outcomes.

Top Quartile	2 nd Quartile	3 rd Quartile	4 th Quartile
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Dimension and Indicator	2020 Scorecard Performance				Baseline Performance (2014)		
Access	State Rate	U.S. Average	Best State Rate	OH Rank	State Rate	U.S. Average	Change Over Time
Children ages 0–18 who are uninsured	5%	5%	1%	24	5%	6%	No Change
Prevention & Treatment	State Rate	U.S. Average	Best State Rate	OH Rank	State Rate	U.S. Average	Change Over Time
Children without all components of a medical home	47%	52%	41%	12	48% (2016)	51%	No Change
Children without both a medical and dental preventive care visit in the past year	39%	42%	29%	19	N/A	N/A	N/A
Children who did not receive needed mental health treatment	11%	18%	5%	8	15% (2016)	18%	Improved
Children ages 19–35 months who did not receive all recommended vaccines	25%	27%	16%	17	32%	28%	Improved
Healthy Lives	State Rate	U.S. Average	State Rate	OH Rank	State Rate	U.S. Average	Change Over Time

Infant mortality, deaths per 1,000 live births	7.2	5.8	3.7	42	7.3 (2013)	6.0	No Change
Children ages 10–17 who are overweight or obese (BMS>=85th percentile)	31%	31%	19%	29	33% (2016)	31%	No Change

State Income Disparity Data

Top Quartile	2 nd Quartile	3 rd Quartile	4 th Quartile
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Dimension & Indicator	2020 Scorecard Performance			Baseline Performance (2014)		
Disparity (dif in rates between <200% FPL & >400% FPL)	Low-income Population Rate	Disparity	OH Rank	Low-income Population Rate	Disparity	Change Over Time
Children without all components of a medical home	61%	-24	23	59 (2016)	-23	Worsened
Children without bot/h a medical and dental preventive care visit in the past year	48%	-17	7	N/A	N/A	N/A
Children ages 19 to 35 months who did not receive all recommended vaccines	33%	-18	38	41%	-25	Improved

State Race Disparity Data

Disparity Indicator	Data Year	U.S. Average	OH White Rate	OH Black Rate	Black-White Disparity	OH Hispanic Rate	Hispanic-White Disparity
Infant mortality, deaths per 1,000 live births	2018	5.8	5.4	14.5	-9.1	7.6	-2.2

The Commonwealth Fund 2020 Scorecard on State Health System Performance is a useful tool because it allows for comparison between states on measures of overall state health system performance. The rankings give the health systems clear objectives to target for improvement. While it is inclusive of all public and private health systems, many of the child health-focused indicators pull a significant proportion of their data from the Medicaid managed care population due to the sizable population of children enrolled in Medicaid. In that regard, it is encouraging that health systems in Ohio are performing well on dimensions of access, prevention, and treatment. However, it is troubling that Ohio's health systems rank in the third and fourth quartile nationally on obesity and infant mortality indicators, with no improvement on those indicators from the previous baseline. While Ohio only saw their performance drop in the disparity between low and high income levels on the measure Children Without All Components of a Medical Home, the state improved on three of the disparity indicators, yet saw no change on the other four. It is clear, based on these indicators, that there is still significant room for improvement on these indicators across Ohio's health systems.

Another useful aspect of the Commonwealth Fund 2020 Scorecard on State Health System Performance are the projections of the number of people that would be positively impacted if Ohio's health systems performed at the level of the highest performing states across each measure.⁴⁸ These numbers tangibly illustrate the impact health system performance improvement could have on the health and well-being of the state's population in addition to comparing how the states stack up to one another.

⁴⁸ The Commonwealth Fund, [2020 Scorecard on State Health System Performance](#) (visited May 20, 2020).