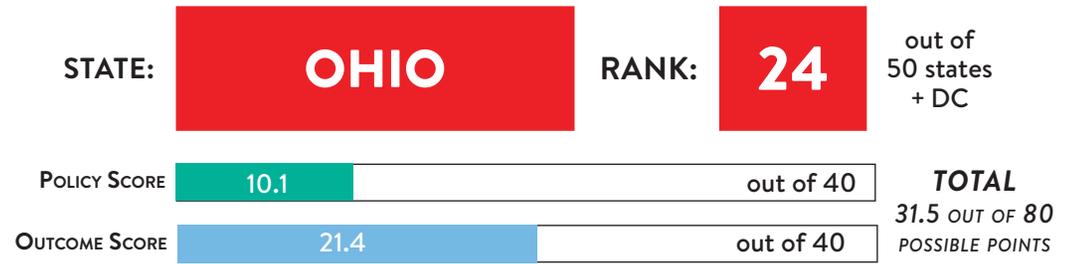
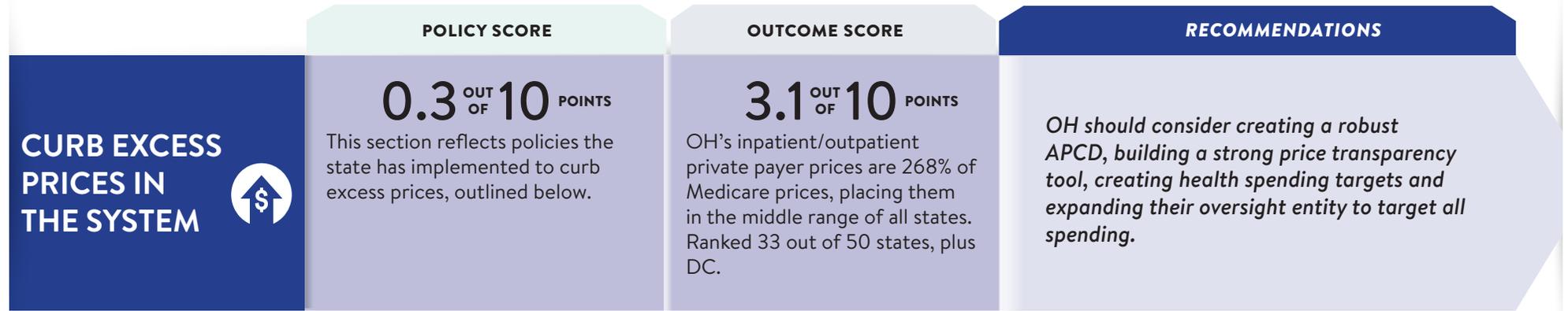


2022 Healthcare Affordability State Policy Scorecard

This Scorecard looks at both policies and related outcomes across four affordability-related areas that were implemented as of Dec. 31, 2021. Lawmakers, regulators, consumer advocates and the public can use the Scorecards to understand how their state performs when it comes to healthcare affordability policies and outcomes relative to other states and identify opportunities to improve.



Setting the Stage: According to the Healthcare Value Hub's 2019 CHES survey, 53% of Ohio adults experienced healthcare affordability burdens. According to the Personal Consumption Expenditure, healthcare spending per person in Ohio grew 30% between 2013 and 2021, totaling \$8,326 in 2021. Please note some of the outcome measures in this Scorecard include data from 2020, which may have been impacted by the COVID-19 pandemic.



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.

	Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization Ohio has not yet taken any action to form an all-payer claims database (APCD).
	Create a permanently convened health spending oversight entity Ohio has a permanently convened health spending oversight entity that targets drug spending. Ohio created a Prescription Drug Transparency and Affordability Advisory Council in 2019 to assess the transparency, pricing and accessibility of prescription drugs in the state.
	Create all-payer healthcare spending and quality benchmarks for the state Ohio did not have active health spending benchmarks as of Dec. 31, 2021.
	Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices Ohio did not have a tool that met the criteria to receive credit. To receive credit, a state's tool has to be public-facing, searchable by specific procedure and hospital and show the negotiated rate paid by insurance plans/patients (not chargemaster rate).

KEY: = implemented by state = not implemented by state = the state has implemented policies, but could be enhanced

Full report and additional details at www.HealthcareValueHub.org/Affordability-Scorecard/Ohio

Healthcare Affordability State Policy Scorecard

STATE:

OHIO

RANK:

24

out of 50 states + DC

POLICY SCORE

0.6 OUT OF **10** POINTS

OH has not yet measured the extent of low-value care being provided. They have not enacted meaningful patient safety reporting. 90% of hospitals have adopted antibiotic stewardship.

OUTCOME SCORE

5.7 OUT OF **10** POINTS

Ohio was among the states with the least low-value care, with 15% of residents having received at least one low-value care service. Ranked 12 out of 50 states, plus DC.

RECOMMENDATIONS

OH should consider using claims and EHR data to identify unnecessary care and enacting a multi-stakeholder effort to reduce it.

REDUCE LOW-VALUE CARE



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.

	Analyze claims and electronic health records data to understand how much is spent on low- and no-value services
	Ohio did not measure the provision of low-value care as of Dec. 31, 2021.
	Require validated patient-safety reporting for hospitals
	Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) are two common forms of hospital-acquired infections. Ohio does not mandate any patient safety reporting or validation for CLABSI/CAUTI.
	Universally implement antibiotic stewardship programs using CDC's 7 Core Elements
	Improper use of antibiotics is another type of low-value care. Antibiotic stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients, and states were scored on what share of their hospitals follow the CDC's stewardship program. 90% of Ohio hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.

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POLICY SCORE

4.2 OUT OF **10** POINTS

OH Medicaid coverage for childless adults extends to 138% of FPL. Only lawfully residing immigrant children/pregnant women can access state coverage options.

OUTCOME SCORE

7.6 OUT OF **10** POINTS

6% of OH residents are uninsured. Ranked 17 out of 50 states, plus DC.

RECOMMENDATIONS

OH should consider options for residents earning too much to qualify for Medicaid, like a Basic Health plan, premium subsidies, Medicaid buy-in or a Public Option. OH should also consider offering coverage options for undocumented children, pregnant people and adults, as well as adding affordability criteria to rate review.

EXTEND COVERAGE TO ALL RESIDENTS



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.

	Expand Medicaid to cover adults up to 138% of the federal poverty level Ohio has expanded Medicaid. The state received federal approval to implement Medicaid work requirements in 2019, but approval was rescinded in 2021.
	Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies Ohio did not offer any additional coverage options for residents earning too much to qualify for Medicaid as of Dec. 31, 2021.
	Provide options for immigrants that don't qualify for the coverage above Ohio offers Medicaid coverage to lawfully residing immigrant pregnant women and children without a 5-year wait but offers no coverage options for undocumented immigrants.
	Conduct strong rate review of fully insured, private market options Ohio has effective rate review as classified by CMS but does not incorporate affordability criteria into rate review.

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Healthcare Affordability State Policy Scorecard

STATE:

OHIO

RANK:

24

out of 50 states + DC

POLICY SCORE

5.0 OUT OF **10** POINTS

OH has some protections against short-term, limited duration health plans and has comprehensive protections against surprise medical bills and No Surprises Act loopholes.

OUTCOME SCORE

5.0 OUT OF **10** POINTS

OH ranked 25 out of 50 states, plus DC on affordability burdens—23% of adults faced an affordability burden: not getting needed care due to cost (7%), delaying care due to cost (8%), changing medication due to cost (8%), problems paying medical bills (13%) or being uninsured due to cost (67% of uninsured population).

RECOMMENDATIONS

OH should consider a suite of measures to ease consumer burdens, such as enacting stronger protections against short-term, limited-duration health plans and waiving or reducing cost-sharing for high-value services. If OH wants to pursue standard plan design, they can establish a state-based exchange.

MAKE OUT-OF-POCKET COSTS AFFORDABLE



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.



Limit the availability of short-term, limited-duration health plans

Ohio has enacted protections against short-term, limited duration health plans (STLDs) but there are still plans available with a max duration under one year. Some people choose STLD health plans for their lower monthly premiums compared to ACA-compliant plans. However, they offer poor coverage, can discriminate against people with pre-existing conditions and pose financial risks for consumers. States received credit depending on how much they limit these plans.



Protect patients from inadvertent surprise out-of-network medical bills

Ohio has comprehensive protections against surprise medical bills (SMBs), plus additional protections for ground ambulance bills not covered by the federal No Surprises Act. 'Comprehensive' protections include emergency departments and hospitals, apply to all insurance types, hold consumers harmless/prevent balance billing and adopt adequate payment standard or dispute resolution process. States with only some of these policies have 'partial' protections. The federal No Surprises Act prohibits SMBs in most plans effective January 2022. However, it does not cover ground ambulances. States can still implement protections in this area—49% of ground ambulance rides in OH charged to commercial insurance plans had the potential for SMBs (2021).



Waive or reduce cost-sharing for high-value services

Ohio did not require waiving or reducing cost-sharing for high-value services as of Dec. 31, 2021.



Require insurers in a state-based exchange to offer evidence-based standard plan designs

Ohio conducts plan management activities on a federally facilitated marketplace and cannot implement standardized plans unless they establish a state-based exchange. Standard plan design makes cost-sharing the same across plans within metal tiers, making it easier for consumers to compare plans. They also help regulators and exchanges negotiate or set rates with insurance carriers, which may translate to lower prices for consumers.

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