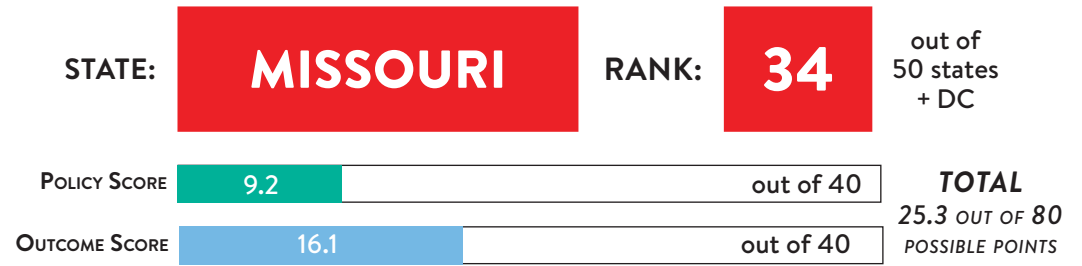
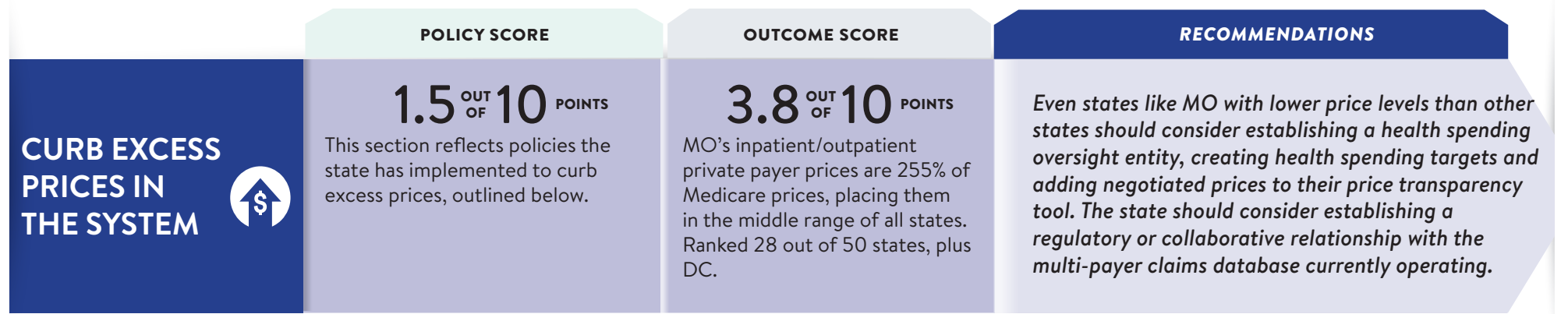


2022 Healthcare Affordability State Policy Scorecard





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 2022 CHES survey, 62% of Missouri adults experienced healthcare affordability burdens. According to the Personal Consumption Expenditure, healthcare spending per person in Missouri grew 30% between 2013 and 2021, totaling \$7,892 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 Missouri is a part of the Midwest Health Initiative, which includes claims data for Missouri, Western Illinois and Eastern Kansas commercial payers. The initiative does not include any public payer claims data. This is not a state-run initiative. Data has been used to produce statistics related to healthcare utilization, cost and quality. However, it does not appear that any claims data is immediately available to the public or available by request.
	Create a permanently convened health spending oversight entity Missouri did not have a permanently convened health spending oversight entity as of Dec. 31, 2021.
	Create all-payer healthcare spending and quality benchmarks for the state Missouri 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 Missouri 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). Missouri's tool shows charges, but not negotiated rates.

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/Missouri

Healthcare Affordability State Policy Scorecard

STATE:

MISSOURI

RANK:

34

out of 50 states + DC

POLICY SCORE

1.9 OUT OF **10** POINTS

MO has not yet measured the extent of low-value care being provided. They require some forms of patient safety reporting. 96% of hospitals have adopted antibiotic stewardship.

OUTCOME SCORE

5.0 OUT OF **10** POINTS

16% of MO residents have received at least one low-value care service, placing them in the middle range of states. Ranked 16 out of 50 states, plus DC.

RECOMMENDATIONS

MO should consider using claims and EHR data to identify unnecessary care and enact 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
	Missouri 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. Missouri mandates patient safety reporting for CLABSI/CAUTI but does not require validation.
	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. 96% of Missouri 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

MO Medicaid coverage for childless adults extends to 138% of FPL. Only some immigrants can access state coverage options (see below).

OUTCOME SCORE

5.4 OUT OF **10** POINTS

9% of MO residents are uninsured. Ranked 35 out of 50 states, plus DC.

RECOMMENDATIONS

MO 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. MO should consider offering coverage options for legally residing immigrant children and undocumented children 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

Missouri voters approved a ballot measure to expand Medicaid in 2020. Coverage expansion was set to begin July 1, 2021, but was delayed due to a lawsuit that reached the Supreme Court. The court ruled in favor of the expansion in August 2021 and Medicaid coverage under expansion began with retroactive coverage to July 1, 2021. However, in February 2022 the Missouri House passed a bill proposing a legislatively referred constitutional amendment that would impose work requirements on expansion enrollees and would subject Medicaid expansion to legislative appropriations each fiscal year. If it passes both chambers, the measure would be put to voters via another ballot measure.



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

Missouri 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

Missouri offers comprehensive benefits similar in scope to pregnancy-related Medicaid/CHIP through the CHIP "unborn child" option for undocumented pregnant women up to 305% FPL. In addition, Missouri's Show-Me Healthy Babies program provides limited, pregnancy-related health coverage for pregnant women who are undocumented or do not meet qualifying immigration criteria and have incomes less than or equal to 300% of the Federal Poverty Level. Coverage includes pregnancy-related care for up to 60 days after giving birth. The state offers no coverage options for legally residing children without a 5-year wait or for undocumented children/non-pregnant adults.



Conduct strong rate review of fully insured, private market options

Missouri has effective rate review as classified by CMS but does not incorporate affordability criteria into rate review.

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34

out of 50 states + DC

POLICY SCORE

1.6 OUT OF **10** POINTS

MO has partial protections against surprise medical bills.

OUTCOME SCORE

1.9 OUT OF **10** POINTS

MO ranked 46 out of 50 states, plus DC on affordability burdens—27% of adults faced an affordability burden: not getting needed care due to cost (10%), delaying care due to cost (10%), changing medication due to cost (10%), problems paying medical bills (15%) or being uninsured due to cost (77% of uninsured population).

RECOMMENDATIONS

MO should consider a suite of measures to ease consumer burdens, such as enacting protections against short-term, limited-duration health plans and surprise medical bill protections not addressed by the federal No Surprises Act. MO should also consider waiving or reducing cost-sharing for high-value services. If MO 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

Missouri has no protections against short-term, limited duration health plans (STLDs) beyond federal regulations. 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

Missouri has partial protections against surprise medical bills (SMBs). '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—59% of ground ambulance rides in Missouri charged to commercial insurance plans had the potential for SMBs (2021).



Waive or reduce cost-sharing for high-value services

Missouri 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

Missouri has an exclusively 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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