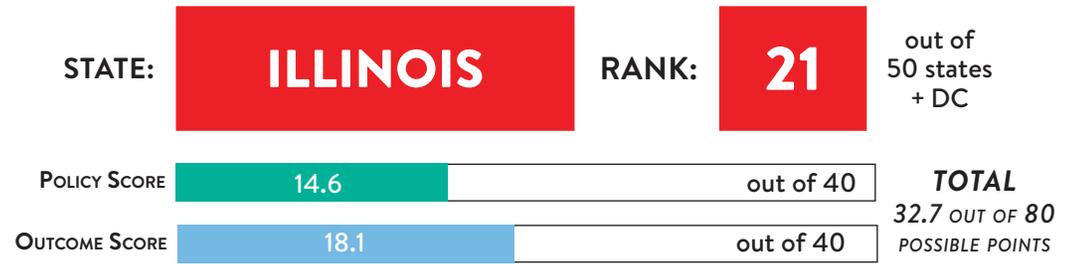
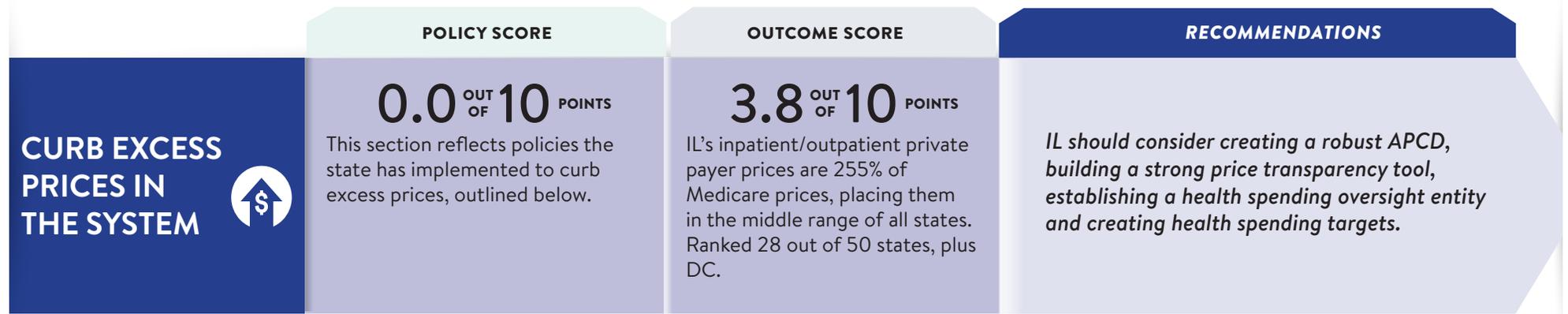


2022 Healthcare Affordability State Policy Scorecard

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 CHESS survey, 58% of Illinois adults experienced healthcare affordability burdens. According to the Personal Consumption Expenditure, healthcare spending per person in Illinois grew 25% between 2013 and 2021, totaling \$7,449 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.

<input checked="" type="checkbox"/>	Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization Illinois explored creating an all-payer claims database (APCD) in 2014, but did not move forward. In 2022, the All Payer Claims Database Act (HB 5327) was introduced in the legislature but did not pass.
<input checked="" type="checkbox"/>	Create a permanently convened health spending oversight entity Illinois did not have a permanently convened health spending oversight entity as of Dec. 31, 2021. Illinois lawmakers considered, but did not pass, legislation to create a Prescription Drug Affordability Board in 2020 and 2022.
<input checked="" type="checkbox"/>	Create all-payer healthcare spending and quality benchmarks for the state Illinois did not have active health spending benchmarks as of Dec. 31, 2021.
<input checked="" type="checkbox"/>	Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices Illinois 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/Illinois

Healthcare Affordability State Policy Scorecard

STATE:

ILLINOIS

RANK:

21

out of 50 states + DC

POLICY SCORE

1.3 OUT OF 10 POINTS

IL has not yet measured the extent of low-value care being provided. They have not enacted meaningful patient safety reporting. 93% of hospitals have adopted antibiotic stewardship.

OUTCOME SCORE

2.1 OUT OF 10 POINTS

IL was among the states with the most low-value care, with 20% of residents having received at least one low-value care service. Ranked 39 out of 50 states, plus DC.

RECOMMENDATIONS

IL 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
	Illinois 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. Illinois mandates CLABSI reporting alone, with no other requirements.
	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. 93% of Illinois hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.

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POLICY SCORE

5.7 OUT OF **10** POINTS

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

OUTCOME SCORE

7.2 OUT OF **10** POINTS

7% of IL residents are uninsured. Ranked 21 out of 50 states, plus DC.

RECOMMENDATIONS

IL should consider options for residents earning too much to qualify for Medicaid, like a Basic Health plan, premium subsidies, Medicaid buy-in and a Public Option. Also consider offering coverage options for undocumented immigrant adults of all ages and 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
	Illinois has expanded Medicaid.
	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
	Illinois 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
	Illinois's All Kids program provides coverage to children ages 18 and younger regardless of immigration status. Illinois offers identical pregnancy-related Medicaid benefits for pregnant residents, regardless of immigration status, through CHIP's "unborn child" option. The Health Benefits for Immigrant Seniors program provides Medicaid-like coverage for people 65 and older regardless of immigration status. Looking Ahead: Beginning March 25, 2022, Illinois's Health Benefits For Immigrant Adults program provides Medicaid-like coverage for adults ages 55 to 64, regardless of immigration status. Beginning July 1, 2022, the program expanded coverage to adults 42 to 54.
	Conduct strong rate review of fully insured, private market options
	Illinois has effective rate review as classified by CMS but does not incorporate affordability criteria into rate review.

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POLICY SCORE

7.6 OUT OF **10** POINTS

IL has limited protections against short-term, limited duration health plans; has comprehensive protections against surprise medical bills and No Surprises Act loopholes; and caps cost-sharing for some high-value services.

OUTCOME SCORE

5.0 OUT OF **10** POINTS

IL 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 (11%), problems paying medical bills (13%) or being uninsured due to cost (70% of uninsured population).

RECOMMENDATIONS

IL should consider a suite of measures to ease consumer burdens, such as stronger protections against short-term, limited-duration health plans. If IL 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

Illinois has enacted some protections against short-term, limited duration health plans (STLDs) with durations of less than one year but no other consumer protections. 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

Illinois 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—74% of ground ambulance rides in IL charged to commercial insurance plans had the potential for SMBs (2021).



Waive or reduce cost-sharing for high-value services

Illinois requires any payment/discount made for the patient to be applied to their annual out-of-pocket cost-sharing requirement. The state caps cost-sharing for prescription drugs in the fully insured market. In Jan. 2021, Illinois capped out-of-pocket insulin costs at \$100 for a 30-day supply.



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

Illinois 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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