

# Healthcare Affordability State Policy Scorecard

Polling data repeatedly shows that healthcare affordability is the number one issue that state residents, on both sides of the political aisle, want their policymakers to work on. This scorecard identifies areas where Montana is doing well and areas where it can improve.

STATE:

**MONTANA**

RANK:

**N/A**

out of 42 states + DC

Montana has high healthcare spending per person, and residents report higher-than-average levels of healthcare affordability burdens. Increased policy market scrutiny is needed.

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
<b>EXTEND COVERAGE TO ALL RESIDENTS</b> 	<b>3 OUT OF 10 POINTS</b> Medicaid coverage for childless adults goes to 138% of FPL. Certain recent immigrants have state coverage options.	<b>6 OUT OF 10 POINTS</b> In 2018, MT was in the middle third of states in terms of covering the uninsured, ranking 28 out of 50 states, plus DC, for this measure.	<i>MT should consider options that help families that earn too much to qualify for Medicaid, like Basic Health Plan, reinsurance or supplementary premium subsidies. MT should also consider adding affordability criteria to its insurance rate review.</i>
<b>MAKE OUT-OF-POCKET COSTS AFFORDABLE</b> 	<b>1 OUT OF 10 POINTS</b> MT has enacted partial measures to protect against skimpy, confusing STLD health plans.	<b>2 OUT OF 10 POINTS</b> Fifty-one percent of adult residents report healthcare OOP affordability burdens, with MT ranking 46 out of 49 states, plus DC, for this measure.	<i>In light of grave affordability problems, MT should consider a suite of measures to ease consumer burdens, including: SMB protections; stronger protections against STLD health plans; and measures that lower the cost of high-value care.</i>
<b>REDUCE LOW-VALUE CARE</b> 	<b>0 OUT OF 10 POINTS</b> MT has not enacted meaningful patient safety reporting, performs below average for hospital antibiotic stewardship and has not measured the provision of low-value care.	<b>8 OUT OF 10 POINTS</b> MT ranks highly in terms of reducing C-sections for low risk mothers (16 out of 50 states, plus DC) and ranks 6 out of 50 states, plus DC, in terms of per capita antibiotic prescribing.	<i>Curtailing low- and no-value care is key to improving affordability. MT should use claims &amp; EHR data to identify unnecessary care &amp; enact a multi-stakeholder effort to reduce it. MT should strengthen policies to address medical harm, stop paying for 'never events' &amp; use other techniques to reduce medical harm.</i>
<b>CURB EXCESS PRICES IN THE SYSTEM</b> 	<b>0 OUT OF 10 POINTS</b> As is common in many states, MT has done little to curb the rise of healthcare prices.	<b>N/A OUT OF 10 POINTS</b> Data on private sector prices, relative to the national median, are not available for MT.	<i>Year-over-year increases in healthcare prices overwhelmingly drive healthcare spending in a state. MT should consider creating a robust APCD, strong price transparency requirements, a health spending oversight entity and health spending targets.</i>

APCD = All-Payer Claims Database FPL = Federal Poverty Level EHR = Electronic Health Records OOP = Out-of-Pocket Costs SMB = Surprise Medical Bill STLD = Short-Term, Limited-Duration

See state notes on page 2.

Full report and additional details at [www.HealthcareValueHub.org/Affordability-Scorecard/Montana](http://www.HealthcareValueHub.org/Affordability-Scorecard/Montana)

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## MONTANA NOTES

### Methodological Notes:

State rank reflects the weighted sum of the policy and outcome scoring components. In this summation, the Extend Coverage to All Residents category received the biggest weight (reflecting its large impact on the uninsured population) and Reduce Low-Value Care received the smallest weight, reflecting its smaller impact on spending. A lower state rank number (i.e. close to 1) reflects a higher overall score and better performance when compared to other states.

For a complete discussion of methodology, please see [healthcarevaluehub.org/affordability-scorecard/methodology](https://healthcarevaluehub.org/affordability-scorecard/methodology).

### The Problem:

Montana residents report grave healthcare affordability problems—the state is in the bottom third of states in terms of high healthcare affordability burdens. Fifty-one percent of Montana adults report healthcare OOP affordability burdens, giving the state a rank of 46 out of 49 states, plus DC, for this measure. The most common burden reported was ‘made changes to medical drugs because of cost’ (39% of adults), followed by ‘trouble paying medical bills.’ According to the BEA, healthcare spending in Montana totalled \$7,581 per person in 2018.\* Moreover, between 2013 and 2018, healthcare spending per person grew 23.8%.\* Residents are struggling to afford needed healthcare—Montana has much work to do to ensure wise health spending and affordability for residents.



### Extend Coverage to All Residents:

Lawfully residing immigrant children covered by Medicaid without 5-year wait.



### Make Out-of-Pocket Costs Affordable:

High-deductible health plans create barriers to care for many families. Between 2011 and 2016, the average deductible associated with employer coverage rose 6.2% per year in Montana\*.

Montana prohibits gender rating in short-term, limited-duration plans, but has no other consumer protections for this type of plan.



### Reduce Low-Value Care:

Addressing medical harm to improve patient safety can take many forms. One form is declining payment for services related to “never events,” serious reportable events identified by the National Quality Forum (NQF) that should never occur in a healthcare setting.

Eighty percent of Montana hospitals have adopted the CDC’s ‘Core Elements’ of antibiotic stewardship — short of the goal of 100% of hospitals.



### Curb Excess Prices in the System:

Montana exhibits private payer price levels that are 277% higher than prices paid by Medicare.\*

NOTE: The very high healthcare prices seen in Alaska (relative to the national median), means that most other states received a relatively good outcome score for this category.

\* Informational data, not used in state score or ranking. DOI = Department of Insurance BEA = U.S. Bureau of Economic Analysis • Scorecard Updated: Jan. 7, 2020