

# 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 Missouri is doing well and areas where it can improve.

STATE:

**MISSOURI**

RANK:

**27**

out of 42 states + DC

Missouri has an average level of healthcare spending per person, yet a high percentage of residents report affordability problems, suggesting a need for policymaker attention.

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
<b>EXTEND COVERAGE TO ALL RESIDENTS</b> 	<b>2 OUT OF 10 POINTS</b> Childless adults are not eligible for Medicaid, while parents are only eligible if their incomes are less than 21% of FPL. Certain recent immigrants have state coverage options.	<b>6 OUT OF 10 POINTS</b> In 2018, MO was in the middle third of states in terms of covering the uninsured, ranking 34 out of 50 states, plus DC, for this measure.	<i>Increase coverage by expanding Medicaid to all low income residents and consider options that help families earning too much to qualify for Medicaid like Basic Health Plan, reinsurance and supplementary premium subsidies. Consider adding affordability criteria to insurance rate review.</i>
<b>MAKE OUT-OF-POCKET COSTS AFFORDABLE</b> 	<b>3 OUT OF 10 POINTS</b> MO has some protections against skimpy, confusing STLD health plans and partial protections against SMBs.	<b>4 OUT OF 10 POINTS</b> Forty-four percent of adult residents report healthcare OOP affordability burdens. MO ranked 34 out of 49 states, plus DC, for this measure.	<i>In light of grave affordability problems, MO should consider a suite of measures to ease consumer burdens, including: stronger SMB protections; stronger protections against STLD health plans; and strategies to lower the cost of high-value care.</i>
<b>REDUCE LOW-VALUE CARE</b> 	<b>2 OUT OF 10 POINTS</b> MO has not enacted meaningful patient safety reporting nor measured the provision of low-value care. The state ranks above average for hospital antibiotic stewardship.	<b>4 OUT OF 10 POINTS</b> MO ranks 22 out of 50 states, plus DC, in terms of reducing C-sections for low risk mothers and ranks 34 out of 50 states, plus DC, in terms of per capita antibiotic prescribing.	<i>Curtailing low- and no-value care is a key part of a comprehensive approach to affordability. MO should use claims &amp; EHR data to identify unnecessary care &amp; enact a multi-stakeholder effort to reduce it. MO should consider non-payment for 'never events' and increase efforts to address antibiotic overprescribing.</i>
<b>CURB EXCESS PRICES IN THE SYSTEM</b> 	<b>0 OUT OF 10 POINTS</b> As is common in many states, MO has done little to curb the rise of healthcare prices.	<b>9 OUT OF 10 POINTS</b> MO is a leading state with respect to keeping private payer prices below the national median. The state ranks 6 out of 42 states, plus DC, for this measure.	<i>Year-over-year increases in healthcare prices overwhelmingly drive state healthcare spending. Even states with lower private payer price levels (like MO) should consider establishing strong price transparency requirements; a robust APCD; 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/Missouri](http://www.HealthcareValueHub.org/Affordability-Scorecard/Missouri)

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## MISSOURI 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](http://healthcarevaluehub.org/affordability-scorecard/methodology).

### The Problem:

Forty-four percent of Missouri adults report healthcare OOP affordability burdens, giving the state a rank of 34 out of 49 states, plus DC, for this measure. The most common burden reported was 'made changes to medical drugs because of cost' (33% of adults), followed by 'trouble paying medical bills.' According to the BEA, healthcare spending in Missouri totalled \$7,279 per person in 2018.\* Moreover, between 2013 and 2018, healthcare spending per person grew 15%.\* Missouri residents struggle to afford needed healthcare, in part, due to high rates of uninsurance among the population. Missouri has much work to do to ensure wise health spending and affordability for its residents.



### Extend Coverage to All Residents:

Missouri provides some prenatal care to expectant mothers, regardless of immigration status, through CHIP's unborn child option.



### 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 11.4% per year in Missouri.\*



### 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-nine percent of Missouri 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:

Missouri exhibits private payer price levels that are 221% 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