Missouri
2021 Healthcare Affordability Policy Checklist

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 checklist identifies areas where Missouri is doing well and areas where it can improve.

1. CURB EXCESS HEALTHCARE PRICES:

- Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices. ❌
- Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization.[1] ✅
- Create a permanently convened health spending oversight entity. ❌
- Create all-payer healthcare spending and quality benchmarks for the state. ❌

2. REDUCE LOW-VALUE CARE:

- Require validated patient-safety reporting for hospitals.[2] **N/A**
- Universally implement antibiotic stewardship programs using CDC's 7 Core Elements.[3] ⊖
- Analyze claims and EHR data to understand how much is spent on low- and no-value services. ❌

3. EXTEND COVERAGE TO ALL RESIDENTS:

- Expand Medicaid to cover adults up to 138% of the federal poverty level.[4] ⊖
- 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. ❌
- Provide options for immigrants that don't qualify for the coverage above.[5] ⊖
- Conduct strong rate review of fully insured, private market options.[6] ⊖

4. MAKE OUT-OF-POCKET COSTS AFFORDABLE:

- Protect patients from inadvertent surprise out-of-network medical bills.[7, 8] ⊖
- Limit the availability of short-term, limited-duration health plans. ❌
- Waive or reduce cost-sharing for high-value services. ❌
- Require insurers in a state-based exchange to offer evidence-based standard plan designs. ❌

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Additional detail is available at:
WWW.HEALTHCAREVALUEHUB.ORG/AFFORDABILITY-SCORECARD/MISSOURI

1. Missouri is a part of the Midwest Health Initiative, which includes claims data for Missouri, Western Illinois and Eastern Kansas for commercial payers; however, this is not a state-run initiative. See: https://www.apcdcouncil.org/state/missouri.

2. Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) are two common forms of hospital-acquired infections. Data on reporting of these conditions is not available for MO. For more information, see: https://www.cdc.gov/hai/data/portal/progress-report.html#Data_tables.

3. 89% of MO hospitals have adopted antibiotic stewardship. For more information, see: https://www.cdc.gov/antibiotic-use/stewardship-report/current.html.

4. MO 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.

5. Missouri's Show-Me Healthy Babies program provides 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 FPL. Coverage ends on the date of discharge after delivery and one postpartum visit is covered. MO does not offer coverage options for legally residing immigrant children or undocumented children/adults.

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

7. MO has partial protections against surprise medical billing, meaning that protections only meet some of the following criteria: 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. For more information, see: https://www.commonwealthfund.org/publications/maps-and-interactives/2021/feb/state-balance-billing-protections.

8. The federal No Surprises Act prohibits surprise medical billing in most plans effective January 2022. However, it does not cover ground ambulances which often result in surprise bills. An analysis by Johns Hopkins University conducted specially for Altarum revealed that 59% of ground ambulance rides in MO charged to commercial insurance plans had the potential for surprise medical billing.