

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.

STATE:

IDAHO

RANK:

46

out of
50 states
+ DC

POLICY SCORE

3.5

out of 40

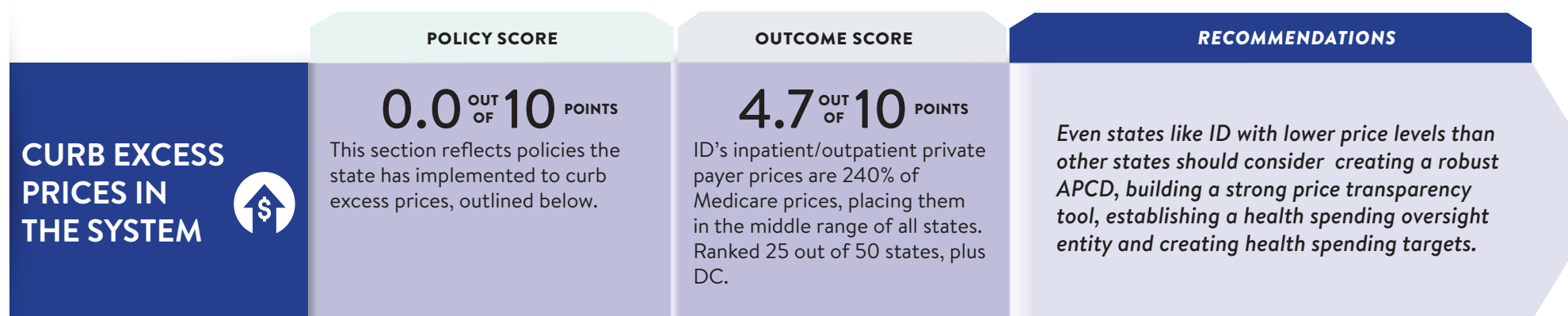
OUTCOME SCORE

15.8

out of 40

TOTAL
19.3 OUT OF 80
POSSIBLE POINTS

Setting the stage: According to SHADAC, 28% of Idaho adults experienced healthcare affordability burdens as of 2020. According to the Personal Consumption Expenditure, healthcare spending per person in Idaho grew 34% between 2013 and 2021, totaling \$6,714 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

In 2013, Idaho's legislature authorized the Dept. of Health and Welfare to investigate the creation of an all-payer claims database (ACPD), but it is unclear whether that investigation ever took place.



Create a permanently convened health spending oversight entity

Idaho 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

Idaho 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

Idaho 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/Idaho

Healthcare Affordability State Policy Scorecard

STATE:

IDAHO

RANK:

46

out of
50 states
+ DC

POLICY SCORE

0.5 OUT OF 10 POINTS

ID has not yet measured the extent of low-value care being provided. They have not enacted meaningful patient safety reporting. 86% of hospitals have adopted antibiotic stewardship.

OUTCOME SCORE

6.4 OUT OF 10 POINTS

ID was among the states with the least low-value care, with 14% of residents having received at least one low-value care service. Ranked 8 out of 50 states, plus DC.

RECOMMENDATIONS

ID 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

Idaho 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. Idaho does not mandate any patient safety reporting or validation for CLABSI/CAUTI.



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. 86% of Idaho hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.

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/Idaho

Healthcare Affordability State Policy Scorecard

STATE:

IDAHO

RANK:

46

out of
50 states
+ DC

POLICY SCORE

3.0 OUT OF 10 POINTS

ID Medicaid coverage for childless adults extends to 138% of FPL. No immigrant populations can access state coverage options.

OUTCOME SCORE

4.7 OUT OF 10 POINTS

ID is among the states with the most uninsured people—10% of ID residents are uninsured. Ranked 40 out of 50 states, plus DC.

RECOMMENDATIONS

ID 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 low-income immigrants that do not qualify for Medicaid/CHIP 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

Idaho expanded Medicaid with coverage beginning January 2020. The state sought federal approval to implement Medicaid work requirements in 2019. The status is pending as of mid-2022 and is unlikely to be approved.



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

Idaho 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

Idaho offers no coverage options for legally residing immigrants without a 5-year wait or for undocumented immigrants.



Conduct strong rate review of fully insured, private market options

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

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/Idaho

Healthcare Affordability State Policy Scorecard

STATE:

IDAHO

RANK:

46

out of
50 states
+ DC

POLICY SCORE

0.0 OUT OF 10 POINTS

ID has not enacted any of the policies to reduce out-of-pocket costs, outlined below.

OUTCOME SCORE

0.0 OUT OF 10 POINTS

ID ranked 51 out of 50 states, plus DC on affordability burdens—28% of adults faced an affordability burden: not getting needed care due to cost (9%), delaying care due to cost (11%), changing medication due to cost (11%), problems paying medical bills (14%) or being uninsured due to cost (sample size too small).

RECOMMENDATIONS

ID 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. ID should also consider waiving or reducing cost-sharing for high-value services and requiring standard plan design on their 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

Idaho 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

Idaho has no state-level protections against surprise medical bills (SMBs). 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—67% of ground ambulance rides in Idaho charged to commercial insurance plans had the potential for SMBs (2021). (ID had a small sample size [774] compared to other states, so interpret percentage with caution.)



Waive or reduce cost-sharing for high-value services

Idaho 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

Idaho has a state-based exchange but has not implemented standard plan design. 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.

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/Idaho