

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:

NEBRASKA

RANK:

43

out of
50 states
+ DC

POLICY SCORE

7.3

out of 40

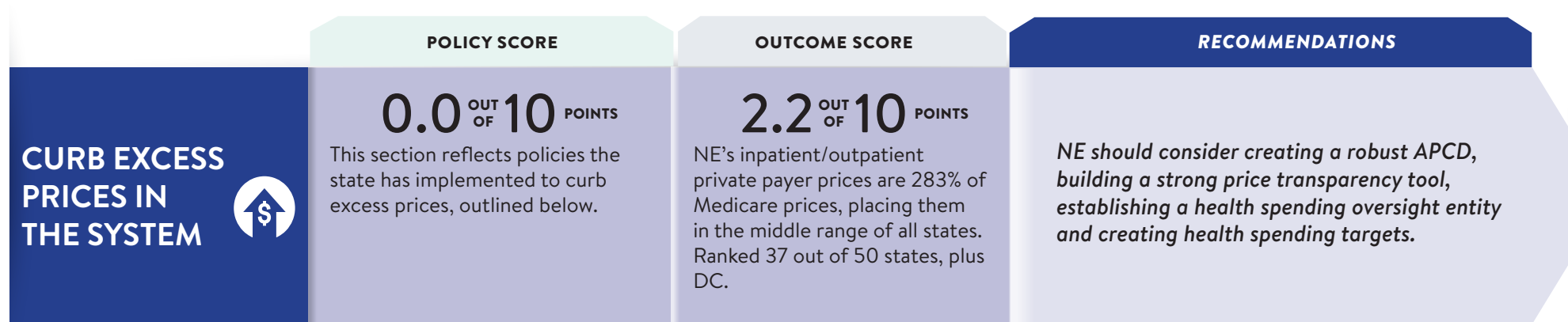
OUTCOME SCORE

14.7

out of 40

TOTAL
22.0 OUT OF 80
POSSIBLE POINTS

According to SHADAC, 23% of Nebraska adults experienced healthcare affordable burdens as of 2020. According to the Personal Consumption Expenditure, healthcare spending per person in Nebraska grew 35% between 2013 and 2021, totaling \$8,193 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

Nebraska has not yet taken any action to form an all-payer claims database (APCD).



Create a permanently convened health spending oversight entity

Nebraska 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

Nebraska 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

Nebraska 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/Nebraska

Healthcare Affordability State Policy Scorecard

STATE:

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43

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50 states
+ DC

POLICY SCORE

0.6 OUT OF 10 POINTS

NE has not yet measured the extent of low-value care being provided. 90% of hospitals have adopted antibiotic stewardship.

OUTCOME SCORE

0.7 OUT OF 10 POINTS

NE was among the states with the most low-value care, with 22% of residents having received at least one low-value care service. Ranked 47 out of 50 states, plus DC.

RECOMMENDATIONS

NE 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

Nebraska 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. Data on patient safety reporting is not available for Nebraska.



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

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POLICY SCORE

4.5 OUT OF 10 POINTS

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

OUTCOME SCORE

6.3 OUT OF 10 POINTS

8% of NE residents are uninsured. Ranked 28 out of 50 states, plus DC.

RECOMMENDATIONS

NE should consider options for residents earning too much to qualify for Medicaid, like a Basic Health plan, premium subsidies, Medicaid buy-in or a Public Option. NE should consider offering coverage options for undocumented children and adults and expanding their unborn child option to cover comprehensive services. NE should also consider 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

Nebraska's coverage for Medicaid expansion enrollees began on Oct. 1, 2020. The state received federal approval to implement work requirements (among other requirements) in 2020, but announced plans to withdraw the waiver that included the requirements in 2021.



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

Nebraska 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

Nebraska offers Medicaid coverage to lawfully residing immigrant pregnant women and children without a 5-year wait. Some level of prenatal care is available regardless of immigration status through CHIP's "unborn child" option (although the coverage is not comprehensive). The state offers no coverage options for undocumented children/non-pregnant adults.



Conduct strong rate review of fully insured, private market options

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

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MAKE OUT-OF- POCKET COSTS AFFORDABLE



POLICY SCORE

2.2 OUT OF 10 POINTS

NE has limited protections against short-term, limited duration health plans and has partial protections against surprise medical bills.

OUTCOME SCORE

5.5 OUT OF 10 POINTS

NE ranked 18 out of 50 states, plus DC on affordability burdens—23% of adults faced an affordability burden: not getting needed care due to cost (9%), delaying care due to cost (8%), changing medication due to cost (7%), problems paying medical bills (12%) or being uninsured due to cost (sample size too small).

RECOMMENDATIONS

NE should consider a suite of measures to ease consumer burdens, such as enacting stronger protections against short-term, limited-duration health plans and surprise medical bill protections not addressed by the federal No Surprises Act. NE should also consider waiving or reducing cost-sharing for high-value services. If NE wants to pursue standard plan design, they can establish a state-based exchange.

THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.



Limit the availability of short-term, limited-duration health plans

Nebraska has enacted some protections against short-term, limited duration health plans (STLDs) but there are still plans available with a max duration of over one year. 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

Nebraska has partial protections against surprise medical bills (SMBs). '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—51% of ground ambulance rides in NE charged to commercial insurance plans had the potential for SMBs (2021).



Waive or reduce cost-sharing for high-value services

Nebraska did not require waiving or reducing cost-sharing for high-value services as of Dec. 31, 2021. Nebraska requires any payment/discount made for the patient to be applied to their annual OOP cost-sharing requirement.



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

Nebraska 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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