

# 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:

**SOUTH CAROLINA**

RANK:

**51**

out of 50 states + DC

POLICY SCORE

5.6

out of 40

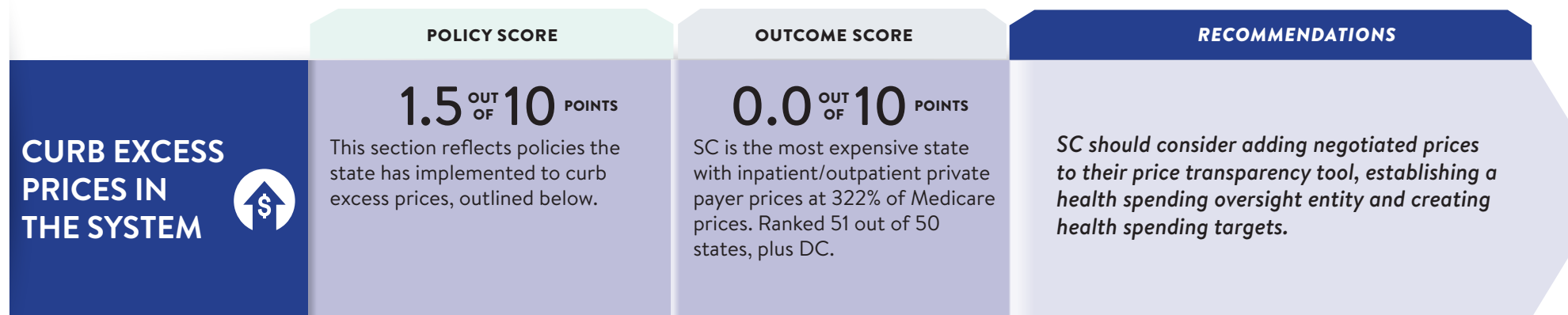
OUTCOME SCORE

7.3





out of 40

**TOTAL**  
12.9 OUT OF 80  
POSSIBLE POINTS

According to SHADAC, 27% of South Carolina adults experienced healthcare affordability burdens as of 2020. According to the Personal Consumption Expenditure, healthcare spending per person in South Carolina grew 26% between 2013 and 2021, totaling \$6,429 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.

	<b>Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization</b> South Carolina does not have a state-affiliated all-payer claims database (APCD), and instead relies on a private, voluntary claims database of Medicaid data run by the Division of Medicaid Policy Research (MPR) at the University of South Carolina Institute for Families in Society. However, the Division of Medicaid Policy Research website appears to be defunct, and there are no reports published beyond 2015.
	<b>Create a permanently convened health spending oversight entity</b> South Carolina did not have a permanently convened health spending oversight entity as of Dec. 31, 2021.
	<b>Create all-payer healthcare spending and quality benchmarks for the state</b> South Carolina did not have active health spending benchmarks as of Dec. 31, 2021.
	<b>Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices</b> South Carolina 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). South Carolina's tool shows charges only, not negotiated rates.

**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/South-Carolina](http://www.HealthcareValueHub.org/Affordability-Scorecard/South-Carolina)

# Healthcare Affordability State Policy Scorecard

STATE:

**SOUTH  
CAROLINA**

RANK:

**51**

out of  
50 states  
+ DC

## POLICY SCORE

**1.9** OUT OF **10** POINTS

SC has not yet measured the extent of low-value care being provided. They require some forms of patient safety reporting. 97% of hospitals have adopted antibiotic stewardship.

## OUTCOME SCORE

**1.4** OUT OF **10** POINTS

SC was among the states with the most low-value care, with 21% of residents having received at least one low-value care service. Ranked 41 out of 50 states, plus DC.

## RECOMMENDATIONS

*SC 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**

South Carolina 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. South Carolina mandates reporting and validation for CLABSI, but not for 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. 97% of South Carolina hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.

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# Healthcare Affordability State Policy Scorecard

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**SOUTH  
CAROLINA**

RANK:

**51**

out of  
50 states  
+ DC

## POLICY SCORE

**2.2** OUT OF **10** POINTS

Childless adults are not eligible for SC Medicaid, while parents are only eligible if their household incomes are less than 100% of FPL. Only lawfully residing immigrant children/pregnant women can access state coverage options.

## OUTCOME SCORE

**4.7** OUT OF **10** POINTS

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

## RECOMMENDATIONS

SC should expand Medicaid to all low-income residents and 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. SC should also consider offering coverage options for undocumented children, pregnant people and adults. SC should add 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**

South Carolina has not expanded Medicaid. However, an 1115 waiver program extends coverage to parents up to 100% FPL through Nov. 30, 2024. Childless adults are not eligible for Medicaid.



#### **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**

South Carolina 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**

South Carolina offers Medicaid coverage to lawfully residing immigrant pregnant women and children without a 5-year wait but has no coverage options for undocumented immigrants.



#### **Conduct strong rate review of fully insured, private market options**

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

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## POLICY SCORE

**0.0** OUT OF **10** POINTS

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

## OUTCOME SCORE

**1.2** OUT OF **10** POINTS

SC ranked 50 out of 50 states, plus DC on affordability burdens—27% of adults faced an affordability burden: not getting needed care due to cost (8%), delaying care due to cost (9%), changing medication due to cost (12%), problems paying medical bills (19%) or being uninsured due to cost (74% of uninsured population).

## RECOMMENDATIONS

*SC 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. SC should also consider waiving or reducing cost-sharing for high-value services. If SC wants to pursue standard plan design, they can establish a state-based 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**

South Carolina 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**

South Carolina 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 (data on ground ambulance surprise medical billing was not available for South Carolina).



### **Waive or reduce cost-sharing for high-value services**

South Carolina 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**

South Carolina has an exclusively 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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