Montana

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 Montana 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.   ☒
- Create a permanently convened health spending oversight entity.   ☒
- Create all-payer healthcare spending and quality benchmarks for the state.[1]   ☒

2. REDUCE LOW-VALUE CARE:

- Require validated patient-safety reporting for hospitals.[2]   ☒
- 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.[5]   ✅
- Provide options for immigrants that don't qualify for the coverage above.[6]   ⊖
- Conduct strong rate review of fully insured, private market options.[7]   ⊖

4. MAKE OUT-OF-POCKET COSTS AFFORDABLE:

- Protect patients from inadvertent surprise out-of-network medical bills.[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/MONTANA

NOTES

1. Beginning in 2016, Montana capped payment for all hospital services for the state employee program at an average of 234 percent of Medicare rates, saving the state approximately $15.6 million in the second year of implementation.

2. Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) are two common forms of hospital-acquired infections. Montana does not mandate any patient safety reporting or validation for CLABSI/CAUTI. For more information, see: https://www.cdc.gov/hai/data/portal/progress-report.html#Data_tables.

3. 70% of MT hospitals have adopted antibiotic stewardship. For more information, see: https://www.cdc.gov/antibiotic-use/stewardship-report/current.html

4. MT's Medicaid expansion program is slated to end in 2025 unless renewed by the legislature. The state has sought federal approval to implement Medicaid work requirements and may decline to renew the program if the proposal is not approved. MT charges premiums for Medicaid coverage.

5. Montana has operated a 1332 State Innovation Waiver to fund a reinsurance program since 2020.

6. MT offers Medicaid coverage to lawfully residing immigrant children without a 5-year wait. MT does not offer Medicaid coverage for legally residing immigrant pregnant people without a 5-year wait or for undocumented children/pregnant people/adults.

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

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 for consumers. An analysis by Johns Hopkins University conducted specially for Altarum revealed that 42% of ground ambulance rides in MT charged to commercial insurance plans had the potential for surprise medical billing. MT had a small sample size [241] compared to other states, so interpret percentage with caution.