

Massachusetts

2021 Healthcare Affordability Policy Checklist

KEY

-  = implemented by state
-  = the state has implemented policies, but could improve
-  = not implemented by state

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 Massachusetts is doing well and areas where it can improve.

1. CURB EXCESS HEALTHCARE PRICES:¹

- 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. 

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.⁴ 

3. EXTEND COVERAGE TO ALL RESIDENTS:

- Expand Medicaid to cover adults up to 138% of the federal poverty level. 
- 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.^{6,7} 
- Conduct strong rate review of fully insured, private market options.⁸ 

4. MAKE OUT-OF-POCKET COSTS AFFORDABLE:

- Protect patients from inadvertent surprise out-of-network medical bills.^{9,10} 
- Limit the availability of short-term, limited-duration health plans. 
- Waive or reduce cost-sharing for high-value services.¹¹ 
- 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/MASSACHUSETTS

NOTES

1. MA has a healthcare spending oversight entity that targets all spending, mandatory all-payer spending benchmarks and an APCD. However, there is still more work to be done. MA's Health Policy Commission has identified several actions that are needed to further lower healthcare costs: <https://www.mass.gov/doc/2021-health-care-cost-trends-report/download>
2. Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) are two common forms of hospital-acquired infections. MA mandates patient safety reporting and validation for both CLABSI and CAUTI. For more information, see: https://www.cdc.gov/hai/data/portal/progress-report.html#Data_tables.
3. 99% of MA hospitals have adopted antibiotic stewardship. For more information, see: <https://www.cdc.gov/antibiotic-use/stewardship-report/current.html>.
4. In 2018, the Massachusetts Health Policy Commission released a report looking at 19 low-or no-value tests, imaging services and procedures. The report found that one in five people covered by three major health insurers received low-value service from 2013-2015.
5. The MA Health Connector's ConnectorCare Program provides additional state subsidies to individuals earning up to 300% of the FPL. Enrollees have access to zero- or low-dollar premium plans, zero- or low-dollar copays and do not have deductibles or coinsurance.
6. MA offers Medicaid coverage to lawfully residing immigrant pregnant women and children without a 5-year wait.
7. Coverage for undocumented immigrant children through the Children's Medical Security Plan extends solely to primary and preventive care and excludes behavioral health for those with disabilities, among other needed services. MA also provides some services not covered through Emergency Medicaid for income-eligible pregnant or postpartum people who would otherwise be ineligible due to immigration status. MA does not offer coverage options for undocumented adults.
8. MA is an 'active purchaser,' which helps keep premiums down on the exchange. Additionally, the DOI can require issuers to provide a detailed description of the basis on which they reimburse different rates to similarly situated providers and describe efforts to reduce such variation. MA's Health Policy Commission can request and review issuer-provider contracts as part of its mandate to reduce healthcare cost growth.
9. MA 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>.
10. 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 40% of ground ambulance rides in MA charged to commercial insurance plans had the potential for surprise medical billing.
11. MA's standardized benefit plans limit deductibles and include pre-deductible services with low to moderate copay amounts, including: non-preventive primary care; specialty care; mental health and substance use disorder treatment; urgent care; and prescription drugs. Additionally, MA ConnectorCare eliminated cost-sharing for opioid addiction treatments in its standardized plans.



ABOUT ALTARUM'S HEALTHCARE VALUE HUB

With support from Arnold Ventures and the Robert Wood Johnson Foundation, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization with the mission of creating a better, more sustainable future for all Americans by applying research-based and field-tested solutions that transform our systems of health and healthcare.

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