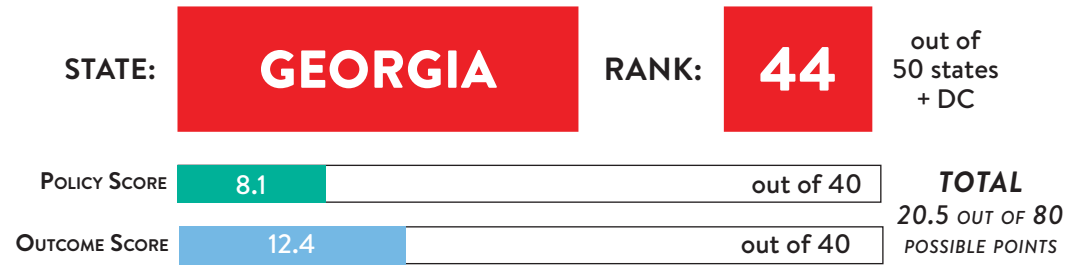
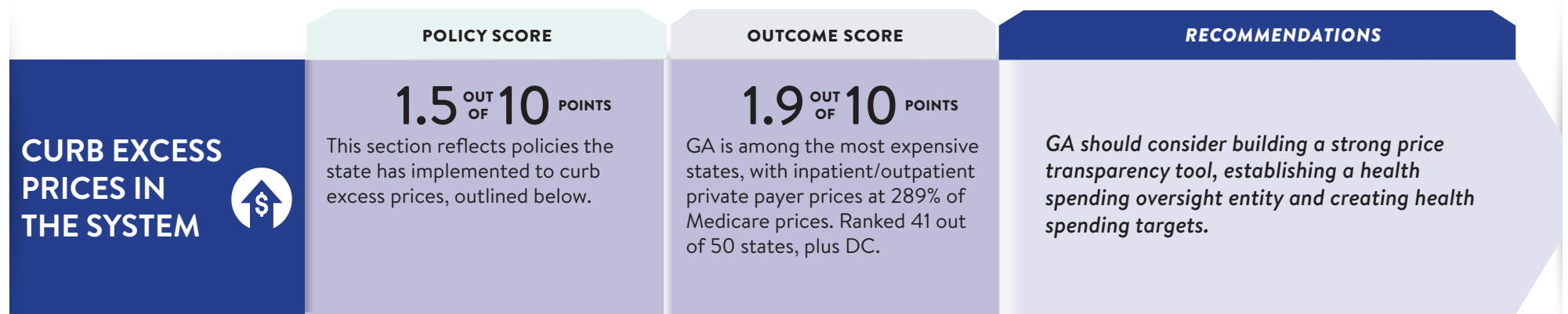


2022 Healthcare Affordability State Policy Scorecard





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.



Setting the Stage: According to the Healthcare Value Hub's 2021 CHES survey, 68% of Georgia adults experienced healthcare affordability burdens. According to the Personal Consumption Expenditure, healthcare spending per person in Georgia grew 37% between 2013 and 2021, totaling \$6,595 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 Georgia has an all-payer claims database (APCD) in development. The state passed legislation in 2020 laying the groundwork for the creation of an APCD by Jan. 1, 2023.
	Create a permanently convened health spending oversight entity Georgia 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 Georgia 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 Georgia 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/Georgia

Healthcare Affordability State Policy Scorecard

STATE:

GEORGIA

RANK:

44

out of 50 states + DC

POLICY SCORE

1.6 OUT OF **10** POINTS

GA has not yet measured the extent of low-value care being provided. They require some forms of patient safety reporting. 90% of hospitals have adopted antibiotic stewardship.

OUTCOME SCORE

4.3 OUT OF **10** POINTS

17% of Georgia residents have received at least one low-value care service, placing them in the middle range of states. Ranked 21 out of 50 states, plus DC.

RECOMMENDATIONS

GA 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
	Georgia 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. Georgia mandates patient safety reporting for CLABSI/CAUTI but does not require validation.
	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 Georgia hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.

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POLICY SCORE

1.0 OUT OF **10** POINTS

Childless adults are not eligible for GA Medicaid, while parents are only eligible if their household incomes are less than 33% of FPL. No immigrant populations can access state coverage options.

OUTCOME SCORE

2.9 OUT OF **10** POINTS

GA is among the states with the most uninsured people—13% of GA residents are uninsured. Ranked 49 out of 50 states, plus DC.

RECOMMENDATIONS

GA 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 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.

✗	<p>Expand Medicaid to cover adults up to 138% of the federal poverty level</p> <p>Georgia has not expanded Medicaid—parents are eligible up to 33% FPL and childless adults are not eligible. In 2020, CMS approved the Georgia Pathways to Coverage 1115 waiver, which extends Medicaid coverage to 100% FPL for parents and childless adults complying with work and premium requirements. In 2021, approval was rescinded, pending further review. In January 2022, Georgia filed a lawsuit in federal court challenging the Centers for Medicare and Medicaid’s withdrawal.</p>
✗	<p>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</p> <p>Georgia did not offer any additional coverage options for residents earning too much to qualify for Medicaid as of Dec. 31, 2021. Georgia implemented a reinsurance program under a 1332 State Innovation Waiver. The waiver was approved in 2020 and went into effect in 2022.</p>
✗	<p>Provide options for immigrants that don’t qualify for the coverage above</p> <p>Georgia offers no coverage options for lawfully residing immigrants without a 5-year wait or for undocumented immigrants.</p>
☐	<p>Conduct strong rate review of fully insured, private market options</p> <p>Georgia has effective rate review as classified by CMS but does not incorporate affordability criteria into rate review.</p>

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44

out of 50 states + DC

POLICY SCORE

4.0 OUT OF **10** POINTS

GA has comprehensive protections against surprise medical bills and No Surprises Act loopholes.

OUTCOME SCORE

3.3 OUT OF **10** POINTS

GA ranked 39 out of 50 states, plus DC on affordability burdens—25% of adults faced an affordability burden: not getting needed care due to cost (8%), delaying care due to cost (8%), changing medication due to cost (8%), problems paying medical bills (12%) or being uninsured due to cost (76% of uninsured population).

RECOMMENDATIONS

GA should consider a suite of measures to ease consumer burdens, such as protections against short-term, limited-duration health plans and waiving or reducing cost-sharing for high-value services. If GA 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

Georgia 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

Georgia has comprehensive protections against surprise medical bills (SMBs), plus additional protections for lab work bills not covered by the federal No Surprises Act. '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—46% of ground ambulance rides in GA charged to commercial insurance plans had the potential for SMBs (2021).



Waive or reduce cost-sharing for high-value services

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



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

Georgia 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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