

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:

MASSACHUSETTS

RANK:

3

out of 50 states + DC

POLICY SCORE

35.4

out of 40

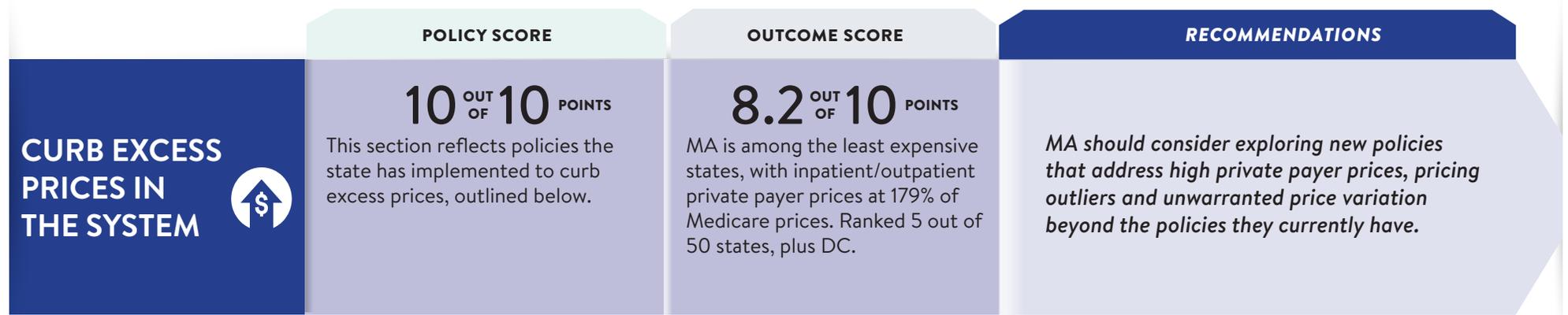
OUTCOME SCORE

26.5

out of 40

TOTAL
61.9 OUT OF 80
POSSIBLE POINTS

Setting the Stage: According to the Healthcare Value Hub's 2021 CHES survey, 51% of Massachusetts adults experienced healthcare affordability burdens. According to the Personal Consumption Expenditure, healthcare spending per person in Massachusetts grew 23% between 2013 and 2021, totaling \$9,876 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 Massachusetts's all-payer claims database (APCD) is comprised of medical, pharmacy and dental claims, as well as information about member eligibility, providers and insurance coverage. Massachusetts also offers an Acute Hospital Case Mix Database for detailed inpatient, outpatient and emergency department data, cost reports for hospitals and other health providers, statewide expenditures and insurance cost data.
	Create a permanently convened health spending oversight entity Massachusetts has a permanently convened health spending oversight entity that targets all spending. Looking Ahead: Massachusetts'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
	Create all-payer healthcare spending and quality benchmarks for the state Massachusetts's health spending benchmark is required for all providers. After exceeding the benchmark in 2018 and 2019, total spending in Massachusetts declined in 2020 due to reduced use of care resulting from the COVID-19 pandemic, as commercial prices for care accelerated in 2020.
	Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices Massachusetts's tool met the criteria to receive credit as of Dec. 31, 2021. 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/Massachusetts

Healthcare Affordability State Policy Scorecard

STATE:

MASSACHUSETTS

RANK:

3

out of 50 states + DC

POLICY SCORE

8.8 OUT OF **10** POINTS

MA has taken important steps to measure the extent of low-value care being provided. They require some forms of patient safety reporting. 93% of hospitals have adopted antibiotic stewardship.

OUTCOME SCORE

3.6 OUT OF **10** POINTS

18% of Massachusetts residents have received at least one low-value care service, placing them in the middle range of states. Ranked 27 out of 50 states, plus DC.

RECOMMENDATIONS

MA is the rare state that has taken the key initial steps to identify low-value care but the problem persists. MA should consider the next step by enacting a multi-stakeholder campaign to reduce the use of the services identified.

REDUCE LOW-VALUE CARE



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Analyze claims and electronic health records data to understand how much is spent on low- and no-value services

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. Although the state has measured low-value care being provided, it has not yet enacted a campaign to reduce the use of identified services.



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. Massachusetts 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. 93% of Massachusetts hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.

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POLICY SCORE

9.4 OUT OF **10** POINTS

MA Medicaid coverage for childless adults extends to 138% of FPL. Only some immigrants can access state coverage options (see below). MA uses premium subsidies to reduce costs in the non-group market. Private payer rates are subject to affordability review.

OUTCOME SCORE

10 OUT OF **10** POINTS

MA is among the states with the least uninsured people, still 3% of MA residents are uninsured. Ranked 1 out of 50 states, plus DC.

RECOMMENDATIONS

MA should consider offering coverage options for undocumented adults and pursuing a Public Option.

EXTEND COVERAGE TO ALL RESIDENTS



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	Expand Medicaid to cover adults up to 138% of the federal poverty level
	Massachusetts has expanded 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
	Massachusetts provides premium and cost-sharing subsidies to certain individuals through its ConnectorCare program.
	Provide options for immigrants that don't qualify for the coverage above
	Massachusetts offers Medicaid coverage to lawfully residing immigrant pregnant women and children without a 5-year wait and adults who are lawfully present are eligible for ConnectorCare. The state provides comprehensive benefits similar in scope to pregnancy-related Medicaid/CHIP through the CHIP “unborn child” option and 12 months of postpartum care beginning in April 2022. Massachusetts currently provides limited coverage for undocumented immigrant children under age 19 through the Children’s Medical Security Plan. The benefits exclusively cover primary and preventive care, including office visits, immunizations, and limited vision/dental care, but coverage excludes many needed services such as ambulances and inpatient hospital care. Effective Nov. 1, 2021, immigrants with disabling conditions—including DACA recipients, people awaiting green cards or immigrants who recently obtained one—are able to receive long-term care services. However, the state does not offer any coverage options for undocumented non-pregnant adults.
	Conduct strong rate review of fully insured, private market options
	Massachusetts has incorporated some affordability criteria into the rate review process. Massachusetts is an ‘active purchaser,’ which helps keep premiums down on the exchange. Additionally, the Dept. of Insurance 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. Massachusetts’ Health Policy Commission can request and review issuer-provider contracts as part of its mandate to reduce healthcare cost growth.

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POLICY SCORE

7.2 OUT OF **10** POINTS

MA has banned or heavily regulated short-term, limited-duration health plans and has partial protections against surprise medical bills. MA caps cost-sharing for some high-value services and provides patient-centered, standard plan designs on their exchange.

OUTCOME SCORE

4.7 OUT OF **10** POINTS

MA ranked 30 out of 50 states, plus DC on affordability burdens—24% 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 (11%), problems paying medical bills (13%) or being uninsured due to cost (71% of uninsured population).

RECOMMENDATIONS

MA should consider a suite of measures to ease consumer burdens, such as enacting surprise medical bill protections not addressed by the federal No Surprises Act.

MAKE OUT-OF-POCKET COSTS AFFORDABLE



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

Massachusetts has heavily regulated short-term, limited duration health plans (STLDs) to the point that no plans are offered. 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

Massachusetts 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—40% of ground ambulance rides in Massachusetts charged to commercial insurance plans had the potential for SMBs (2021).



Waive or reduce cost-sharing for high-value services

Looking Forward: In 2023, the Massachusetts Health Connector will eliminate copays for sick visits and cost-sharing for common medications for consumers with four chronic conditions who are enrolled in ConnectorCare plans. The state’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, Massachusetts’ ConnectorCare eliminated cost-sharing for opioid addiction treatments in its standardized plans.



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

Massachusetts has a state-based exchange with standard plan design. 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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