

Hot Off the Press: New Research on Enrollment and Reimbursement

What Does it Mean for Colorado's Safety Net?

Safety Net Advisory Committee (SNAC) Lab

January 27, 2016



coloradohealthinstitute.org



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Objectives



- Leverage our collective focus on vulnerable populations
- Provide a forum for opportunities and lessons learned
- Share the latest strategies for using data to measure effectiveness
- Synthesize input from group and develop a shared body of knowledge

Introductions

Emily Johnson, Eligible But Not Enrolled (EBNE) Results

Dr. Mark Gritz, Primary Care “Bump” and Access to Care

Higher Rate of Eligible Coloradans Are Getting Health Coverage

Health Insurance Status of Coloradans: December 2015 Update

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Four Key Questions

1. How many of Colorado's uninsured adults were eligible for tax credits or public insurance in 2014?
2. How many children?
3. How many were undocumented immigrants?
4. Did the ACA change anything?

What is EBNE?

ELIGIBLE

ENROLLED

UNINSURED



American Community Survey

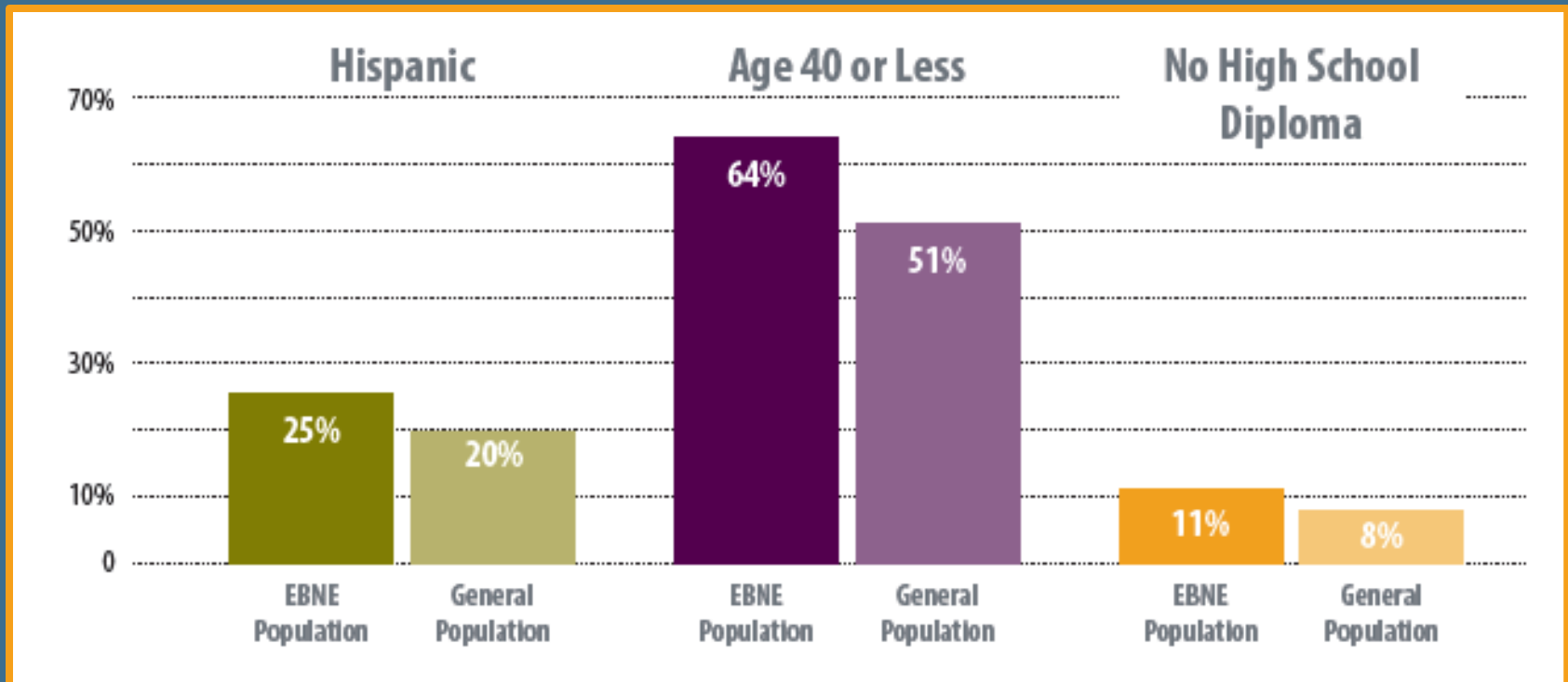
Colorado's Overall EBNE Population

	Eligible	Enrolled	EBNE	EBNE Rate	Percent of All EBNE
Medicaid	1,046,042	886,212	159,830	15%	43%
CHP+	85,999	56,403	29,596	34%	8%
APTC	253,745	71,881	181,864	72%	49%
Total	1,385,786	1,014,496	371,290	27%	100%

Colorado's Adult EBNE Population

	Eligible	Enrolled	EBNE	EBNE Rate	Percent of All EBNE
Medicaid	528,289	392,520	135,769	26%	44%
APTC	236,741	63,256	173,485	73%	56%
Total	765,030	455,776	309,254	40%	100%

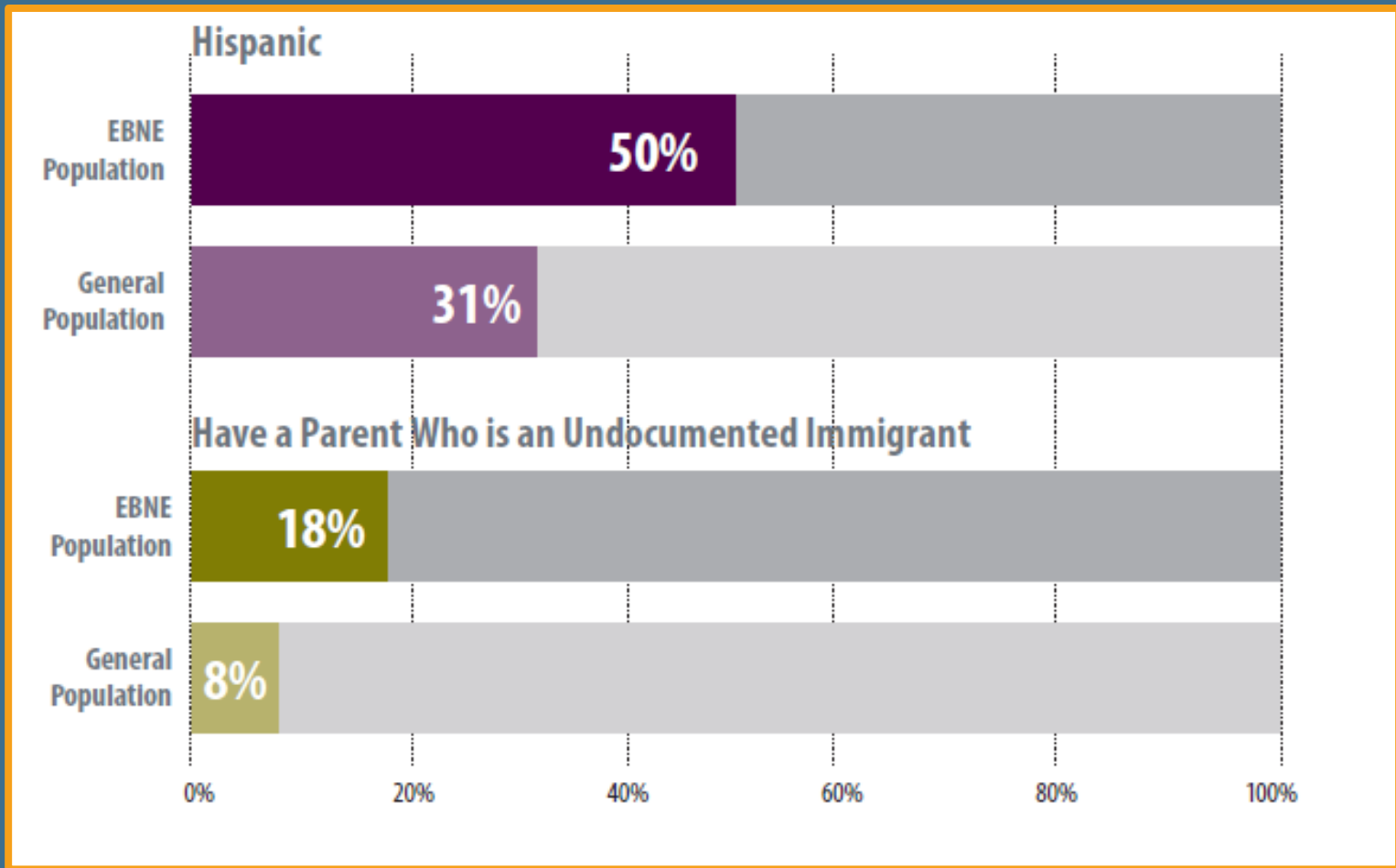
Persistent EBNE Adult Disparities



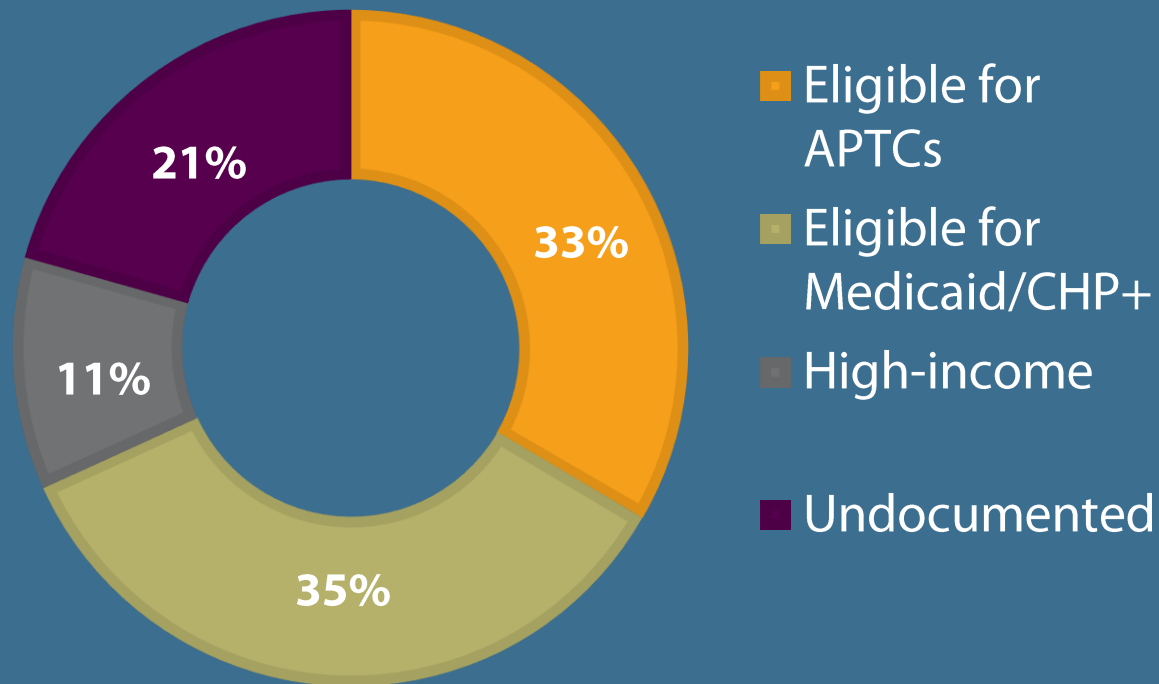
Colorado's Child EBNE Population

	Eligible	Enrolled	EBNE	EBNE Rate	Percent of All EBNE
Medicaid	517,752	493,691	24,061	5%	39%
CHP+	85,999	56,403	29,596	34%	48%
APTC	17,005	8,626	8,379	49%	13%
Total	620,756	558,720	62,036	10%	100%

Persistent EBNE Child Disparities



Documentation and Uninsurance



Since the ACA

Year	Medicaid Eligible	CHP+ Eligible	Total Public Coverage Eligible	Medicaid EBNE	CHP+ EBNE	Total Public Coverage EBNE	Public Coverage EBNE Rate
2012	598,642	118,913	717,555	116,240	36,380	152,620	21%
2014	1,046,042	85,999	1,132,041	159,830	29,596	189,426	17%

New CHI Brief



Health Insurance Status of Coloradans

DECEMBER 2015

Higher Rate of Eligible Coloradans Are Getting Health Coverage

Colorado is chipping away at the percentage of residents who remain uninsured even though they are eligible for the Medicaid or Child Health Plan Plus (CHP+) public insurance programs.

The state's eligible but not enrolled (EBNE) rate for Medicaid and CHP+ fell four percentage points to 17 percent in 2014 from 21 percent in 2012, according to a new analysis by the Colorado Health Institute (CHI). (See Table 1.)

The lower EBNE percentage came in the wake of sweeping health policy changes. The uninsured rate was attacked from two sides when the main provisions of the Affordable Care Act (ACA) went into effect at the beginning of 2014.

Colorado opted to expand eligibility for Medicaid to more low-income residents. And tax subsidies became available to help people with higher incomes purchase private coverage through Connect for Health Colorado, the health insurance marketplace.

The result? More than 4.8 million Coloradans had health insurance in 2014, the most ever.

This research brief updates CHI's annual Medicaid and CHP+ enrollment analysis. For the first time, it analyzes the number of Coloradans who were eligible for insurance tax credits but remained uninsured (see Table 2). It also debuts an updated method for estimating how many of the uninsured were undocumented immigrants.

Table 1. Public Coverage EBNE Rates in Colorado, 2012-2014

Year	Medicaid EBNE	CHP+ EBNE	Total Public Coverage EBNE	Medicaid Eligible	CHP+ Eligible	Total Public Coverage Eligible	Public Coverage EBNE Rate
2012	116,240	36,380	152,620	598,642	118,913	717,555	21%
2014	159,830	29,596	189,426	1,046,042	85,999	1,132,041	17%

What is EBNE?

When we refer to someone as EBNE, we mean that they are uninsured even though they are eligible for Medicaid or Child Health Plan Plus (CHP+) public insurance or for an advanced premium tax credit (APTC) to purchase insurance through Connect for Health Colorado.

Eligibility is based on income and citizenship guidelines.

CHI developed a method for estimating the likelihood that someone is an undocumented immigrant. This method is based on findings from a 2006 Pew Hispanic Center report. Please see the "Methods and Limitations" document for more detail on this and other methods used to develop EBNE estimates.

About 559,000 Coloradans were uninsured in 2014. Of this group, CHI estimates that 371,000 were eligible for assistance in obtaining coverage — 189,000 through Medicaid or CHP+ coverage and 182,000 through the tax credits. This EBNE group included 62,000 kids.

An estimated 112,000 undocumented immigrants living in the state did not have health insurance, about one-fifth of all uninsured Coloradans, according to the new statistical model developed by CHI.



Health Insurance Status of Coloradans

METHODS AND LIMITATIONS
DECEMBER 2015

This document describes the methods used by the Colorado Health Institute (CHI) to develop estimates of health insurance coverage of Colorado's children and working age adults. It accompanies the brief, *Health Insurance Status of Coloradans: December 2015* and the associated data tables and maps. All materials are available at <http://bit.ly/1U76E18>.

Estimates of Coloradans Who Are Eligible for Medicaid, CHP+ or Tax Credits

The eligible population is the sum of the people who are enrolled in Medicaid, Child Health Plan Plus (CHP+) or an exchange plan using the advanced premium tax credits (APTC) and those residents who are eligible for one of these insurance assistance programs but not enrolled (EBNE).

Eligibility for Medicaid, CHP+ and APTCs is based on age, income and residency status. These criteria are summarized below in Table 1.

Enrollment Data for Medicaid, CHP+ and APTCs

The Budget Division of the Colorado Department of Health Care Policy and Financing (HCPF) provided

the state and county Medicaid and CHP+ enrollment figures.

CHI used the average monthly enrollment for the calendar year being analyzed — in this case, January through December 2014. HCPF does not release data for counties with fewer than 30 enrollees. Therefore, the sum of enrollees by county or Regional Care Collaborative Organization (RCCO) will not equal the state enrollment totals.

The reported enrollment in the CHP+ program includes only children. Adult prenatal CHP+ enrollment is not estimated in this analysis because pregnancy status is not available in data from the American Community Survey (ACS). Adult prenatal CHP+ enrollment represents only one percent of total CHP+ enrollment.

Advanced Premium Tax Credit (APTC) enrollment data were based on the 2014 Connect for Health Colorado open enrollment report. Statewide, 59 percent of Connect for Health Colorado enrollees received a tax credit and 12 percent were 18 or younger. Because Connect for Health Colorado does not break out enrollees by their APTC status or by age at the county level, CHI's applied the statewide percentages to each county in order to conduct this analysis.

The ACA initiated or expanded other programs that are not measured in this analysis, including the pediatric dental benefit for Medicaid and CHP+ clients and the cost sharing reduction benefit for certain marketplace plans.

Table 1. Eligibility for Different Health Coverage Options, By Age and Income

Qualifying Category	Eligible For
Children under 148% FPL (Citizen/legal resident for 5+ years/legal resident <5 years and age 0-5)	Medicaid
Adults under 139% FPL (Citizen or legal resident for 5+ years)	Medicaid
Children 148 – 265% FPL (Citizen/legal resident for 5+ years/legal resident < 5 years and age 0-5)	Child Health Plan Plus
Children under 401% FPL (Legal resident for < 5 years and age 6+)	Advanced Premium Tax Credit
Adults under 139% FPL (Legal resident for < 5 years)	Advanced Premium Tax Credit
Adults 139 – 400% FPL (Citizen or legal resident)	Advanced Premium Tax Credit

County	A. Eligible	B. Enrolled	C. ENBE (A-B)	D. EBNE Rate (C/A)	E. Percent of all EBNE
Adams	68,578	65,884	2,695	3.9%	11.2%
Alamosa	2,744	2,558	186	6.8%	0.8%
Arapahoe	60,546	58,530	2,016	3.3%	8.4%
Archuleta	1,201	1,190	11	0.9%	0.0%
Baca	464	418	46	9.8%	0.2%
Bent	681	656	25	3.6%	0.1%
Boulder	18,613	18,023	590	3.2%	2.5%



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Discussion Questions

1. What do you think the biggest hurdles are to getting people enrolled in these programs?
2. In this presentation, we saw some talk of a “reverse welcome mat” effect, where parents’ ineligibility for certain programs makes their kids less likely to be enrolled. Do you think this is a fair takeaway from the data? Does it resonate with you?

The Impact of Increased Medicaid Payments for Primary Care Services on Access to Care for Medicaid Clients in Colorado: Preliminary Results for January 2013 through June 2014

R. Mark Gritz, PhD

School of Medicine

January 27, 2016



University of Colorado
Anschutz Medical Campus

Background

- Section 1202 of the Health Care and Education Reconciliation Act amended the Patient Protection and Affordable Care Act of 2010 (ACA) to require that Medicaid reimburse primary care providers (PCPs) at or above Medicare Part B rates in calendar years 2013 and 2014.
- Did not change reimbursement rates under Children's Health Insurance Program



Background (continued)

- Colorado General Assembly extended the payment bump from January 2015 through June 2016
- Program changes under extension
 - Removed requirement for providers to attest to being a PCP
 - Paid increased rate on a claim basis rather than quarterly as a retrospective payment



Background (continued)

- Policy objectives include:
 - Improving Medicaid client's access to quality primary care
 - Increasing the number of PCPs accepting Medicaid
 - Building more advanced models of primary care



Evaluation of 1202 Bump

- Did the increased payment for Evaluation and Management (E&M) codes achieve its policy objectives?
 - Improve Medicaid client's access to quality primary care
 - Increase the number of PCPs accepting Medicaid
- Not examining any potential impact on expansion of advanced models of primary care



Evaluation of 1202 Bump (continued)

- Two potential mechanisms of action:
 - Increasing the number of providers delivering primary care services to Medicaid clients
 - Increasing the number of bump-eligible primary care visits among providers who were already serving Medicaid clients
- Excluded Medicare-Medicaid Eligible Clients
 - Payment increase substantially less for clients in this eligibility category

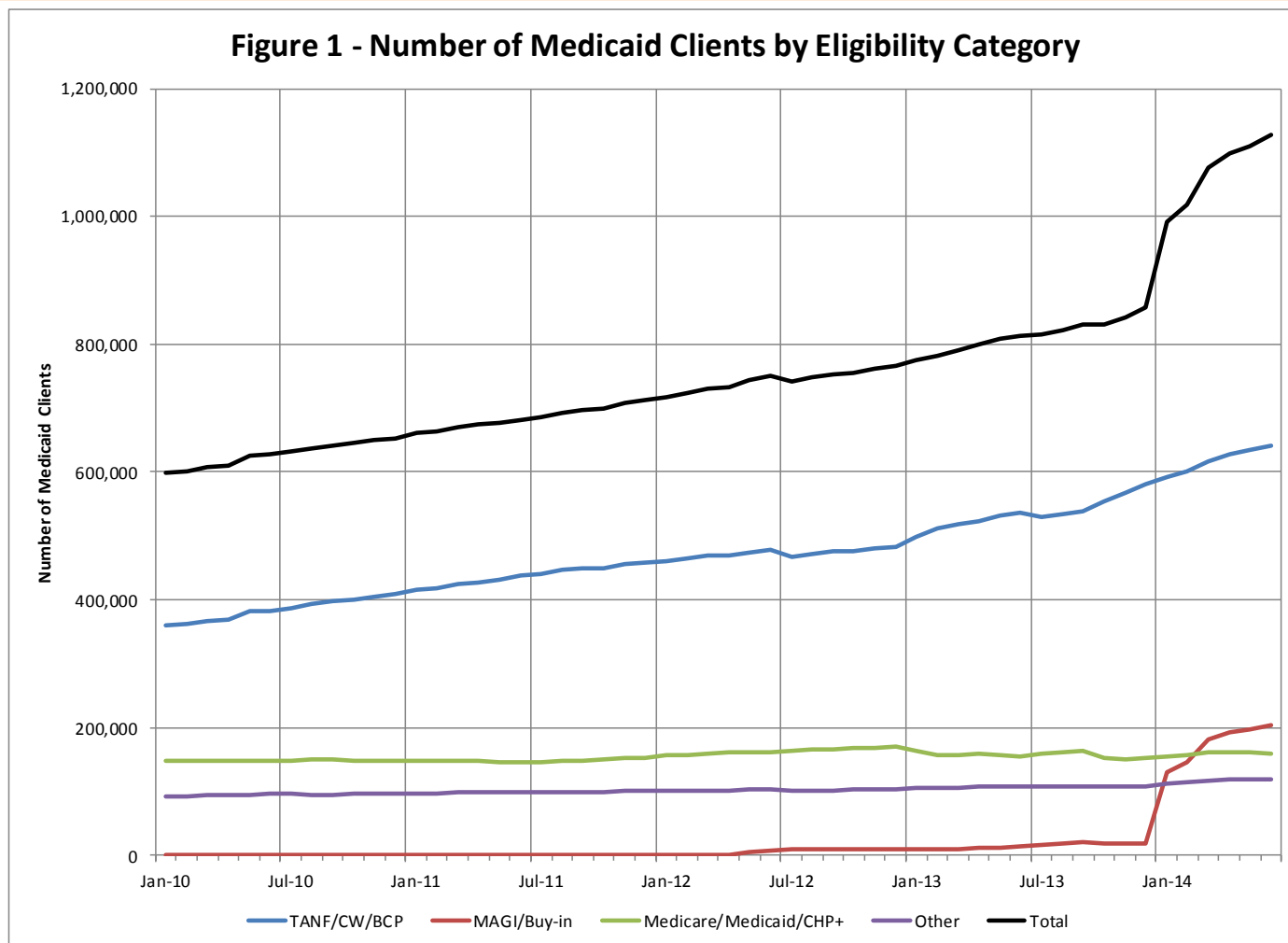


Measures to Assess Impact

- Measures based on claims information only
- Access to care measures for Medicaid Clients
 - Emergency room visits for ambulatory care sensitive conditions
 - HEDIS Adult Access to Preventive Care
 - HEDIS Children and Adolescents' Access to Primary Care Practitioners
 - Continuity of care (Usual Provider Continuity Index)
- Provider-based measures
 - Number of providers with Medicaid bump-eligible visits in a month
 - Number of bump-eligible visits in a month

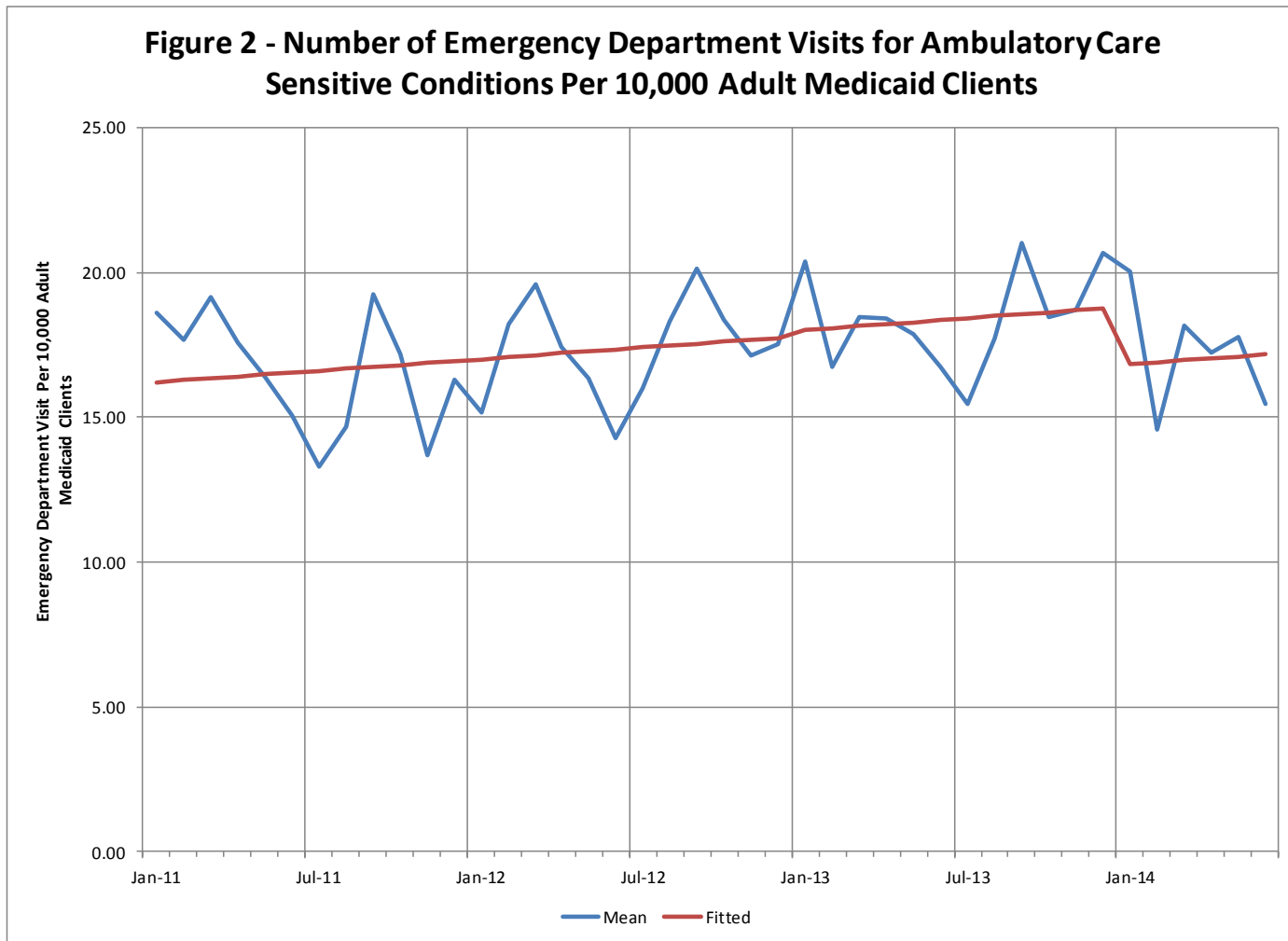


Colorado Context: Growth in Medicaid



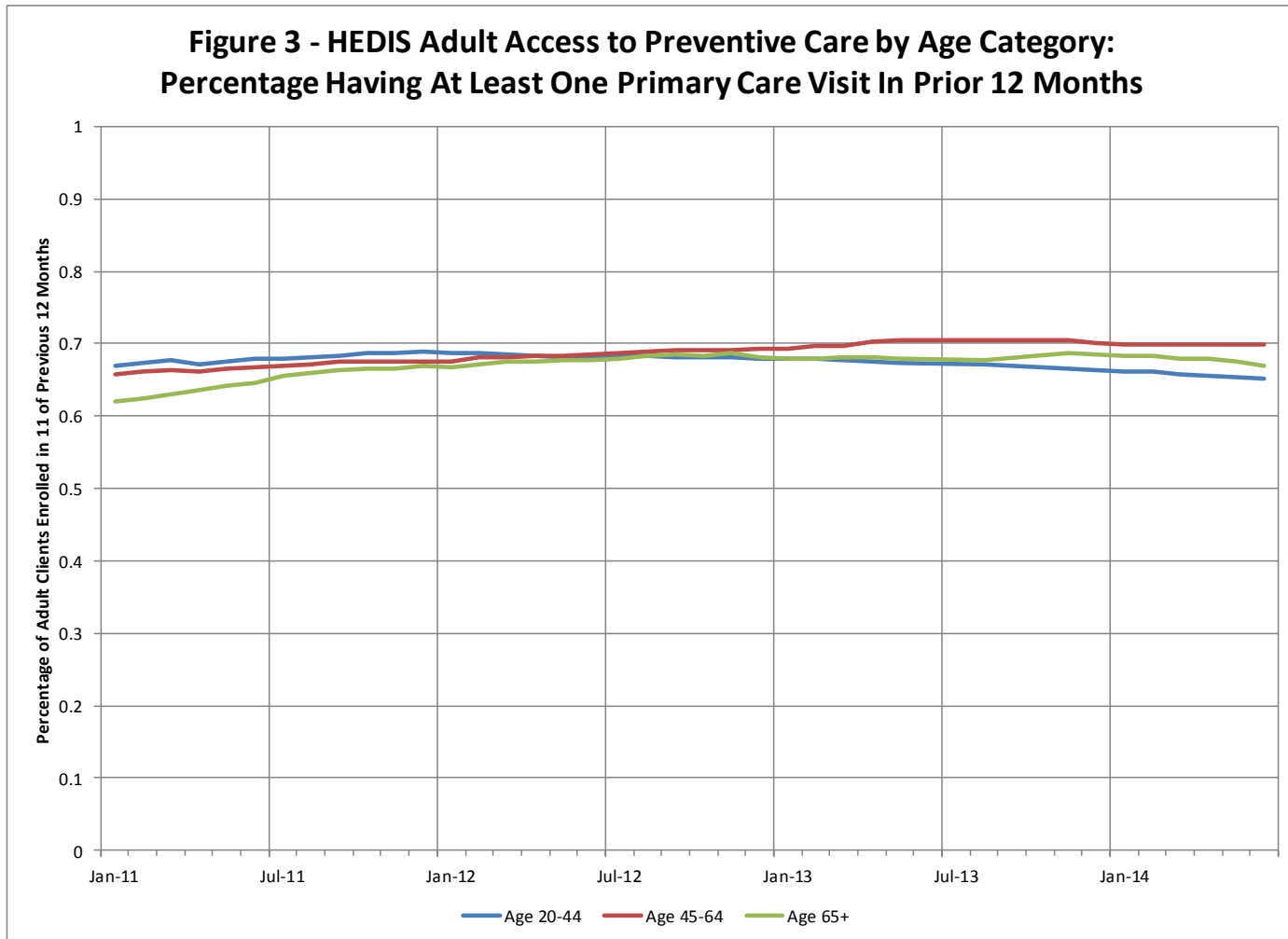
Emergency Room Visits for ACSC

Figure 2 - Number of Emergency Department Visits for Ambulatory Care Sensitive Conditions Per 10,000 Adult Medicaid Clients

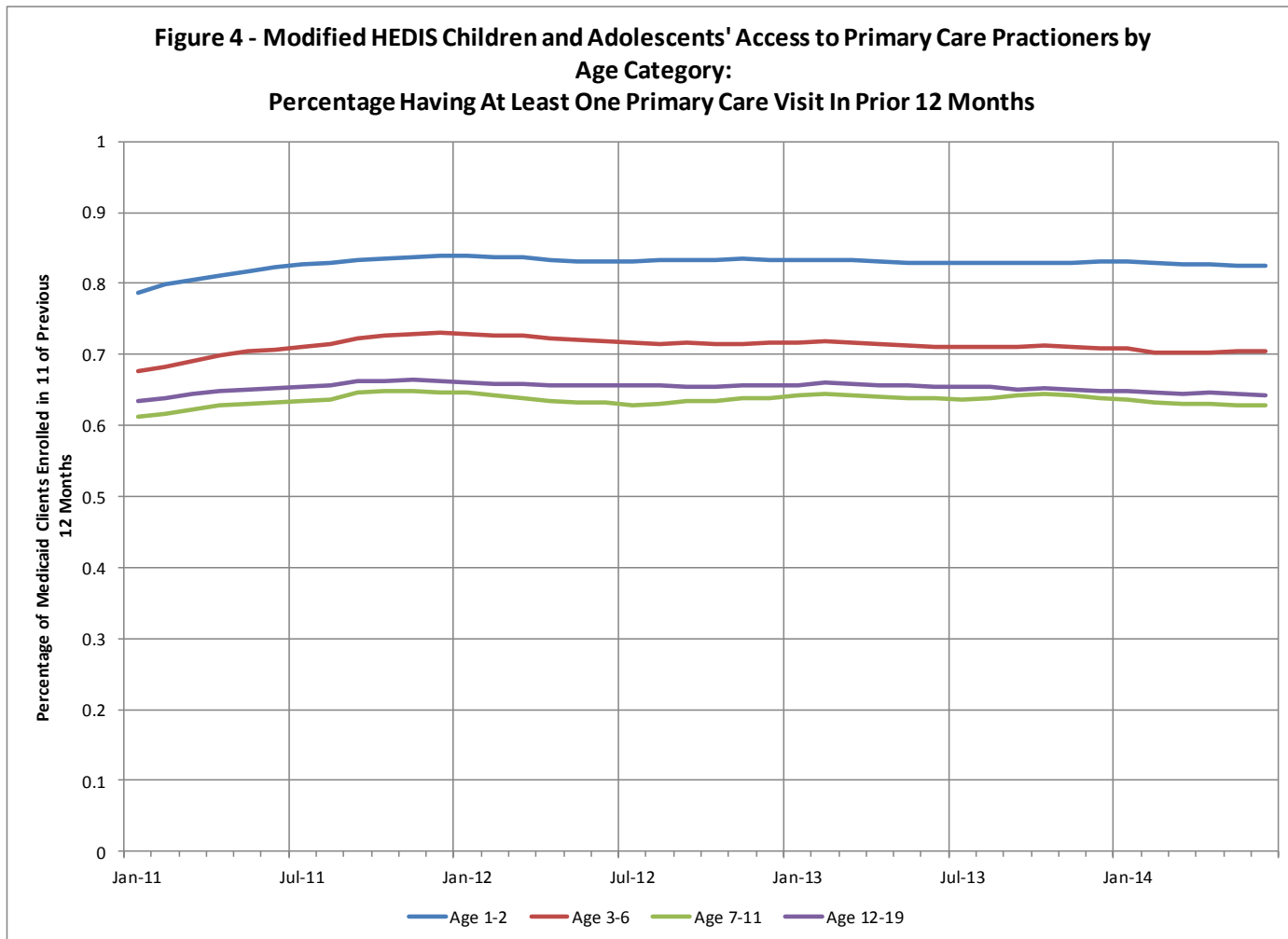


Adult Access To Care Trends

**Figure 3 - HEDIS Adult Access to Preventive Care by Age Category:
Percentage Having At Least One Primary Care Visit In Prior 12 Months**

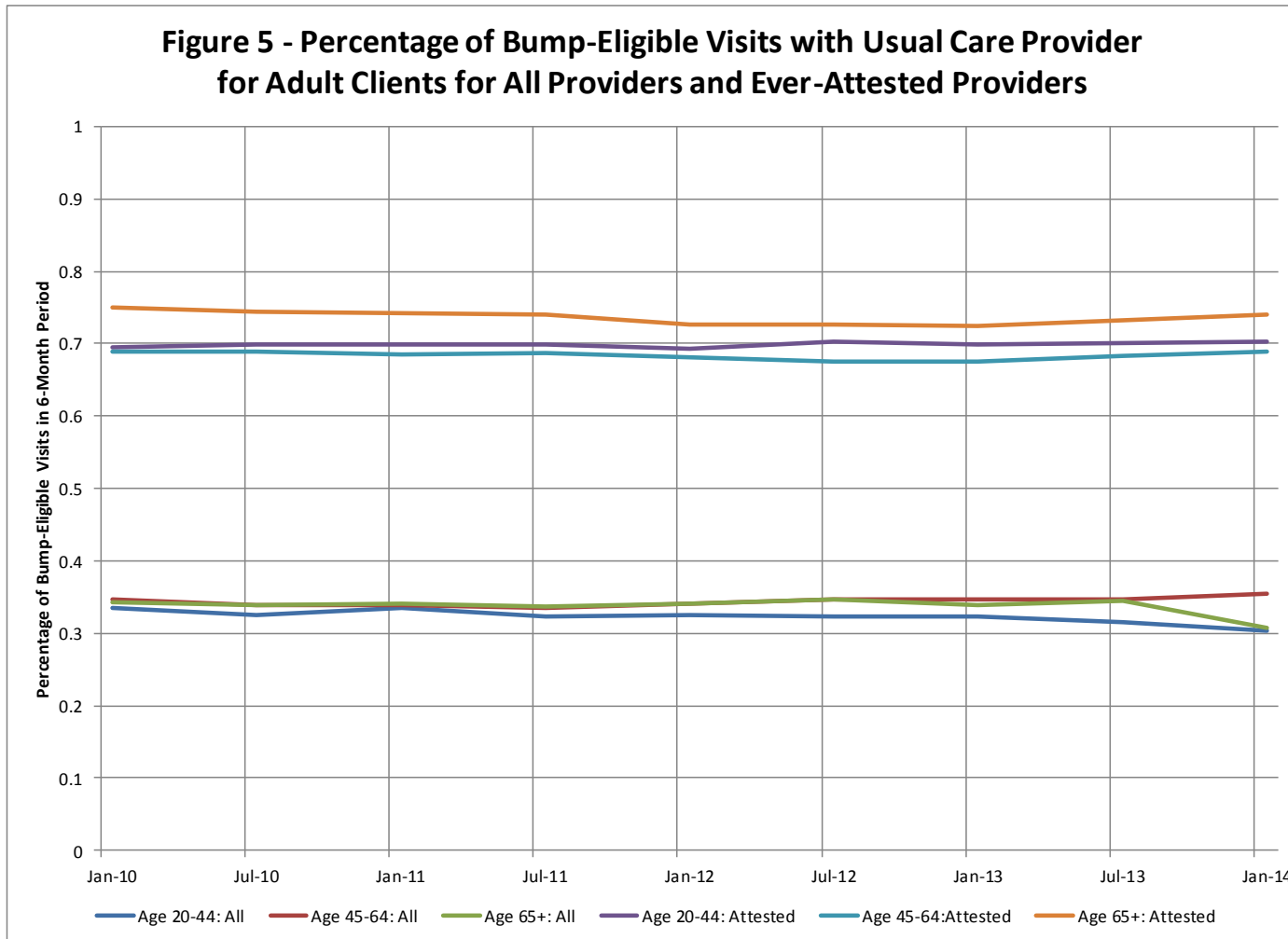


Child Access To Care Trends



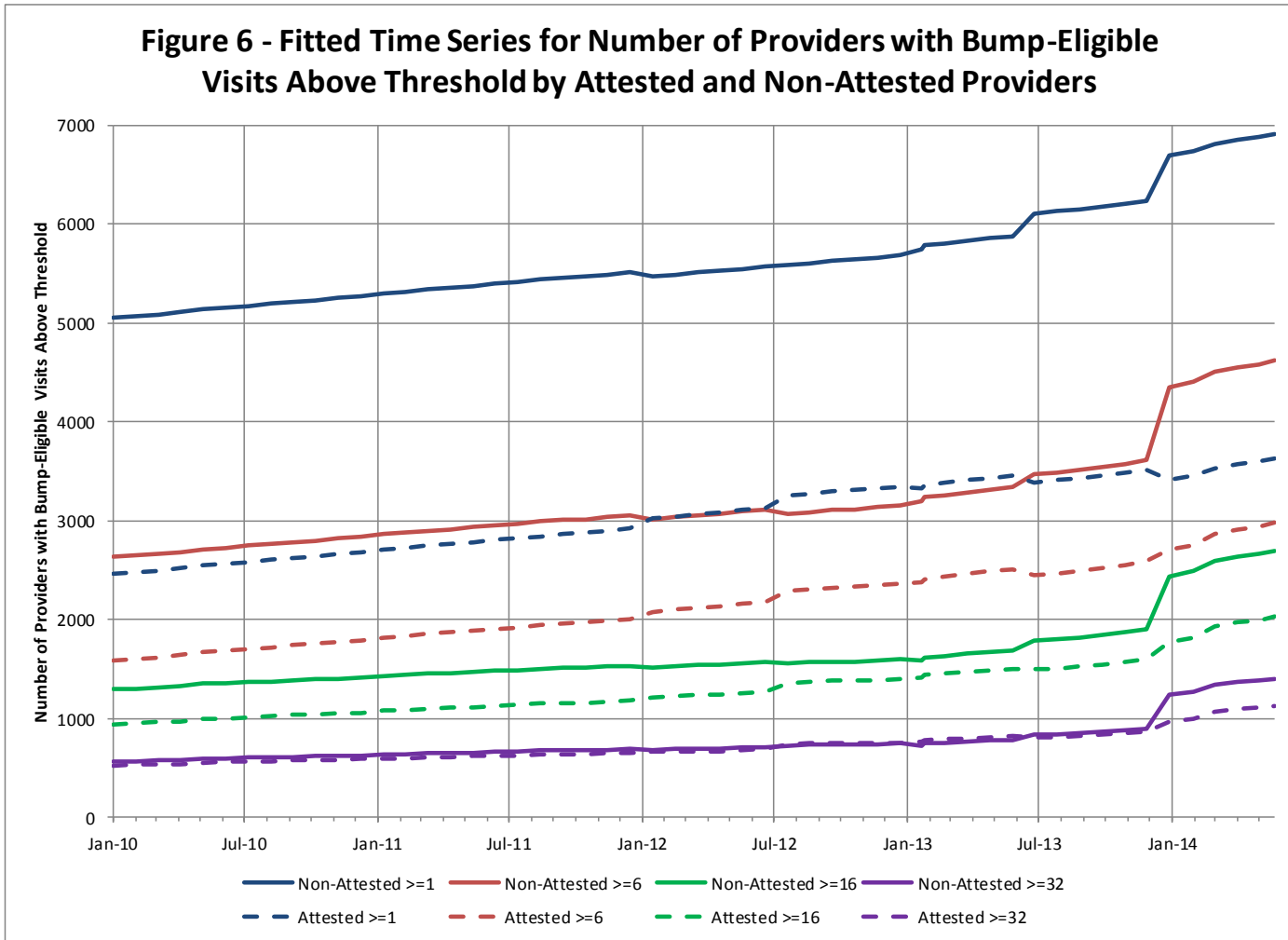
Continuity of Care (UPC) Index

Figure 5 - Percentage of Bump-Eligible Visits with Usual Care Provider for Adult Clients for All Providers and Ever-Attested Providers



Time Series Model of Providers with Number of Bump-Eligible Visits

Figure 6 - Fitted Time Series for Number of Providers with Bump-Eligible Visits Above Threshold by Attested and Non-Attested Providers



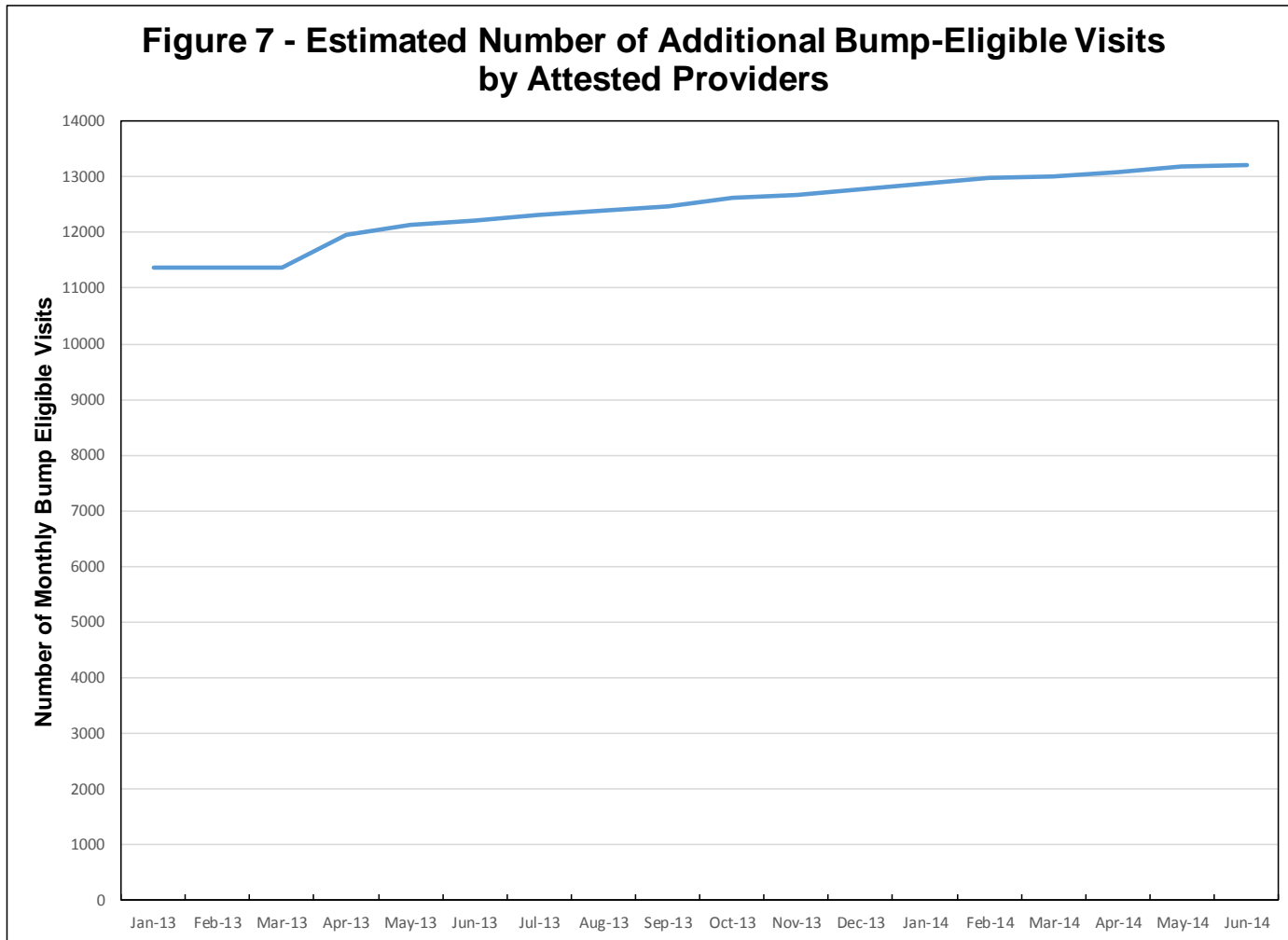
Model of Number of Bump-Eligible Visits in a Month

- Provider level model for number of bump-eligible visits in a month
- Examine association of attestation to number of visits
- Controlling for
 - Seasonality
 - General time trends
 - Number of Medicaid clients in eligibility categories
 - Whether the provider is an established or new Medicaid provider
 - Ever attested
- Linear model results suggest 3.18 additional visits, on average, in months provider attested



Additional Bump-Eligible Visits

Figure 7 - Estimated Number of Additional Bump-Eligible Visits by Attested Providers



Conclusion

- Increased payments did not significantly alter client-based access to care measures
 - Client-based access to care measures remained stable even in the face of rapid growth in the Medicaid population
 - Some indication of improvement in emergency room visits for Ambulatory Care Sensitive Conditions
- Provider-based measures suggests an increase in the number of bump-eligible visits per month after attestation
 - Preliminary estimates indicate approximately 3.18 additional visits per month



Next Steps

- Conduct sensitivity analysis of monthly number of visits to alternative statistical specifications
 - Count models
 - Two stage models, including zero inflated specifications
 - Self-selection among attested providers
- Add additional year of data through June 2015
 - Replicate all analyses
 - Examine effect of dropping attestation requirement



2016 SNAC Lab Dates



January 27

March 17

May 19

July 13

Sept. 22

Nov. 17

All SNAC Labs scheduled for 12:00-1:30 pm at the Colorado Health Institute.



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