HCPF's New Access and Rate Analyses

What You Need to Know

Safety Net Advisory Committee (SNAC) Lab

May 19, 2016

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 the group and develop a shared body of knowledge

Introductions

Lila Cummings,

Medicaid Provider Rate Review Analysis

Alex Weichselbaum,

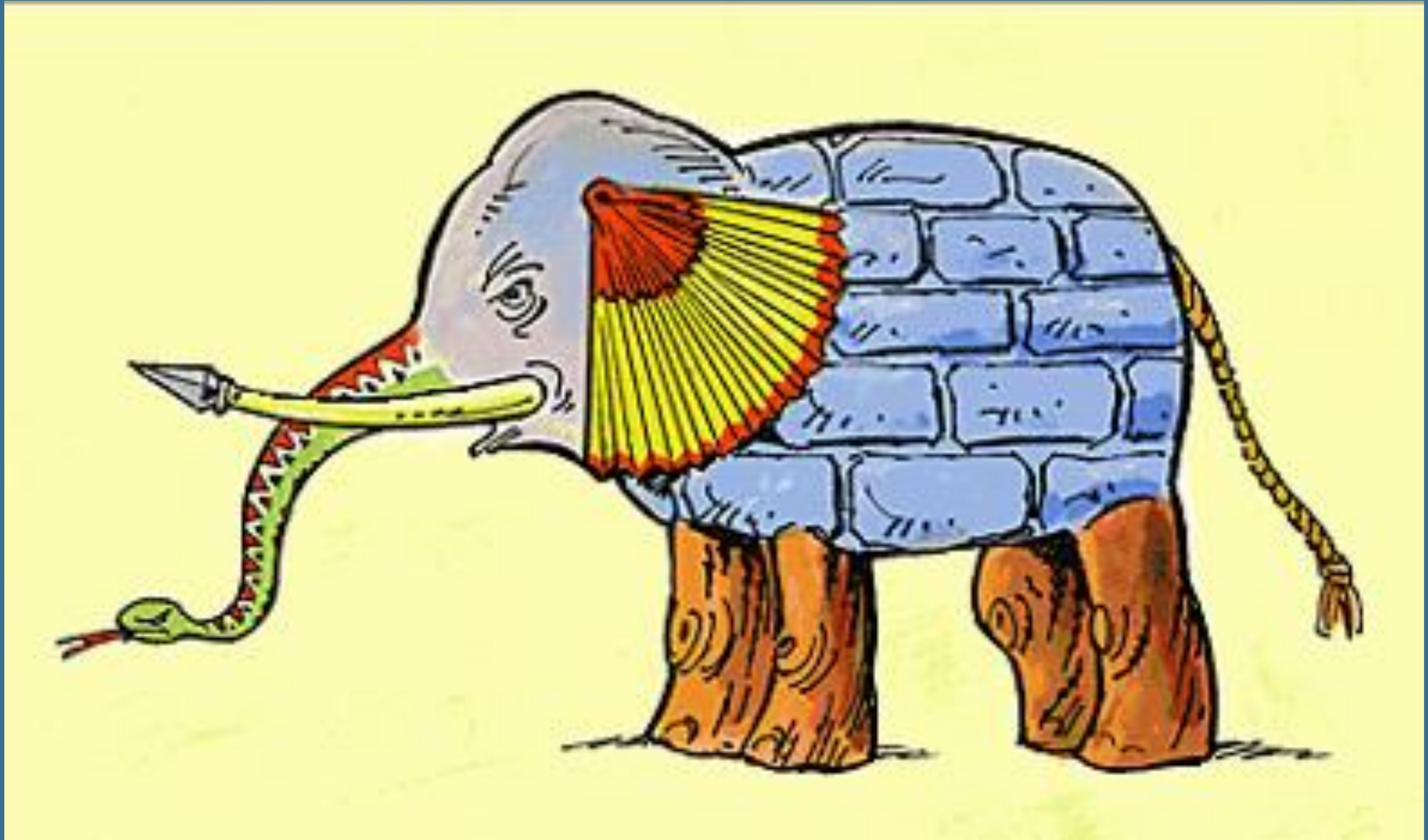
Access Monitoring Review Plan

Hearing from You

Preface

Setting the Stage on Access to Care

Painting a Picture of Access



COLORADO ACCESS TO CARE INDEX

Colorado Statewide 2015

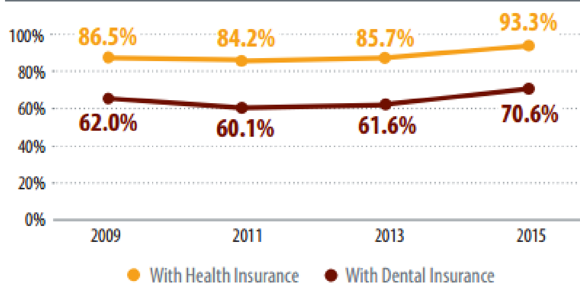
Overall Index Score **7.8** Out of 10

Potential Access

Index Score **7.8**

Adequate insurance coverage and enough local care providers make it more likely that people will get care when they need it.

With Insurance, 2009-2015



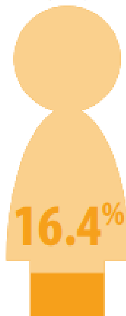
Health Care Workforce

Per 1,000 Residents 2013 Data

Primary Care Doctors	0.6
Dentists	0.5
Psychiatrists	0.1

Underinsured Coloradans

Percentage of Population

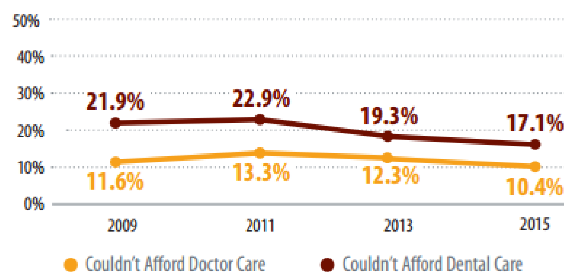


Barriers to Care

Index Score **8.8**

But many obstacles make it hard for people to get health care – even if they have insurance.

Couldn't Afford Medical or Dental Care in Past 12 Months, 2009-2015



In Past 12 Months ...

Couldn't afford a prescription	9.8%
Couldn't afford specialist care	11.0%
Couldn't get a doctor appointment when needed	18.7%
Didn't have a usual source of care	13.4%
Provider wouldn't accept insurance	9.7%
Didn't get needed mental health care	9.0%
Didn't seek care because uninsured*	40.9%
Didn't go to doctor due to lack of transportation	4.7%

*Only includes those who were uninsured at some point in the past 12 months.

Realized Access

Index Score **6.9**

When people obtain preventive services, it's a good indication they have access to care. But hospitalizations or emergency room visits may indicate inadequate access.

Preventive Care

Well-child visits in the past year for those under 19 years

2011	2013	2015
72.3%	72.4%	75.9%

Visited a dentist or dental hygienist in past year, all ages

2011	2013	2015
63.5%	65.3%	68.3%

Received prenatal care in first trimester	87.2%
Pap test in the past three years for women aged 18+	77.0%
Mammogram in the past two years for women aged 50+	72.4%
Colonoscopy or sigmoidoscopy at any time for people aged 50+	69.3%

Avoidable Care

Of those who went to the ER, went for a condition that could have been treated by a regular doctor	Hospitalized for uncontrolled diabetes, adults aged 18+ (RATE PER 100,000)	Hospitalized for asthma, adults aged 18-39 (RATE PER 100,000)
40.2%	3.6*	28.1*

Updated December 2015 • Data source details available at ColoradoHealthInstitute.org/COAccessIndex • *2013 data

#COHealthInst

Three Takeaways

- State and federal initiatives are turning attention to Medicaid access to care.
- Safety net stakeholders have multiple opportunities to be involved and provide feedback – including today.
- Exploring provider rates is a key component of the ongoing access to care narrative.

A Logic Model for Addressing Access to Care

2016 Medicaid
Provider Rate Review Analysis
What You Should Know

Medicaid Provider Rate Review Analysis Report:

SNAC Lab
Colorado Health Institute

May 19, 2016 | 12:00pm to 1:30pm

Presenter: Lila Cummings | Rate Review Stakeholder Relations Specialist

COLORADO
Department of Health Care
Policy & Financing

RATE REVIEW ANALYSIS REPORT: WHAT IS IT?

The 2016 Medicaid Provider Rate Review Analysis Report (Analysis Report) is required by state statute.

- CRS 25.5-4-401.5 Requires the Department to:
  - Establish a rate review process
  - Establish an advisory committee (MPRRAC)
  - Author an Analysis Report that contains conclusions that "assess whether payments are sufficient to allow for provider retention and client access and to support appropriate reimbursement of high-value services."

What services are analyzed in the report?

Services are reviewed on a five-year cycle.

- Services reviewed this year include:
  - laboratory and pathology
  - private duty nursing
  - home health
  - non-emergent medical transportation
  - emergency medical transportation
  - physician-administered drugs

What does the report include?

The 2016 Analysis Report is 93 pages long.

- For each service, the report contains sections regarding:
  - service definition
  - client demographics
  - provider demographics
  - utilization and access
  - quality
  - rate comparison

How was the report developed?

The Department and MPRRAC hosted seven meetings over five months to review the data to be analyzed in the report.

- These meetings were an opportunity for MPRRAC members and interested stakeholders to comment on:
  - data as it relates to the Department's categorization of services;
  - the methodologies used for collecting, analyzing and presenting utilization and access data; and
  - potential sources for quality data.

What does the report conclude?

The Department concludes that, as of July 2015, in aggregate payments were:

- likely sufficient for laboratory services and physician-administered drugs;
- likely sufficient for PDN and home health services, though other, non-fiscal factors may impact client access and provider retention;
- likely sufficient for EMT services, however, they may not support appropriate reimbursement for high-value services;

The Department was unable to draw reliable conclusions on the sufficiency of rates to allow for provider retention and client access for non-emergent medical transportation services.

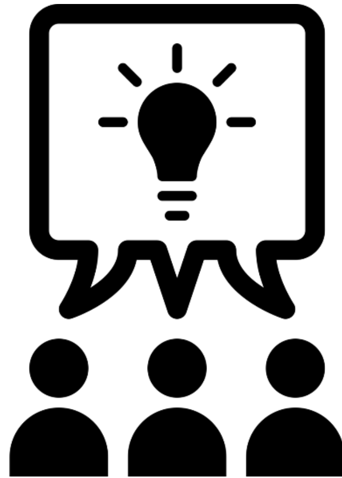
What are the next steps?

MPRRAC members will now review the Analysis Report and develop recommendations.

Interested stakeholders may also read the report and sign-up to provide comment at upcoming MPRRAC meetings.

- These conversations will inform a recommendations report due to the Joint Budget Committee (JBC) and the MPRRAC on November 1st.
  - The 2016 Medicaid Provider Rate Review Recommendations Report will be used by the JBC when formulating the budget.

QUESTIONS, CONCERNS, DISCUSSION ITEMS:



VISIT THE WEBSITE:
https://www.colorado.gov/pacific/hcpf/medicaid-provider-rate-review-advisory-committee

READ THE REPORT:
https://www.colorado.gov/pacific/sites/default/files/2016%20Medicaid%20Provider%20Rate%20Review%20Analysis%20Report.pdf

CONTACT: Lila Cummings at Lila.Cummings@state.co.us with additional questions.

The Access Monitoring Review Plan

What Is It? And Why Should You Care?

ACCESS MONITORING REVIEW PLAN:

SNAC Lab
Colorado Health Institute

May 19, 2016 | 12:00pm to 1:30pm

Presenter: Alex Weichselbaum | Benefit Manager

MEETING OBJECTIVES

I. ACCESS MONITORING REVIEW PLAN: Requirements & Overview

II. PROVIDER FEEDBACK: Requirements & Overview

III. QUESTIONS & CONCERNS

ACCESS MONITORING REVIEW PLAN:
WHAT IS IT?

The Centers for Medicaid & Medicare Services (CMS) requires each state to submit an Access Monitoring Review Plan (AMRP) by October 1, 2016 in an effort to:

> “assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area"

AMRP CONTENT REVIEW: SERVICE TYPE ANALYSIS

The AMRP must include a separate data analysis for each provider type and site of service furnishing the following services:

I. Primary Care Services
II. Physician Specialist Services
III. Behavioral Health Services
IV. Pre and Post-Natal Obstetric Services
V. Home Health Services

PLAN FOR MONITORING ACCESS

- Workflow of Department activities that tackle access issues
- Access Deficiencies must be reported to CMS and acted upon within 12 months
- Ongoing monitoring and feedback mechanisms through claim analysis, RCCO coordination, and direct complaints (call center, staff emails)

ACCESS METRICS

1. Applicable access stats from the 2015 CHAS
2. Administrative claim data (client count, active provider count, service penetration rates)
3. Rate comparison data from the All-payer Claims Database and Medicare

SIGNIFICANT LIMITATIONS

- No other payer's utilization data to compare ours to
- No single end-all access metric, best we could do we combine the analysis of multiple metrics
- Self-referential claims data to establish baselines without knowing if the baseline *itself* is accurately capturing access

DRAFT CONCLUSIONS

- Monthly cyclical changes in client volumes, active providers, and penetration rates

- Based on utilization figures from administration claims data, Access appears sufficient

- Only major concern that claims data reveals is HSR 19 – Mesa County. Obstetric service penetration rates have consistently fallen.

FUTURE PROGRESS

- AMRP must be renewed every 3 years
- Ongoing quarterly monitoring beginning October 1, 2016
- If service rates are restructured or cut, that service must have a thorough yearly analysis done for 3 consecutive years to monitor the effect

STAKEHOLDER FEEDBACK: REQUIRMENTS & OVERVIEW

447.203(b)(2) requires that each state must consider: Relevant provider and beneficiary information;

Including information obtained through:

1.) Public Rate-Setting Processes
2.) Medical Advisory Committees
3.) **Provider & Beneficiary Feedback**
4.) Other Mechanisms as needed

APPROACH TO STAKEHOLDER FEEDBACK

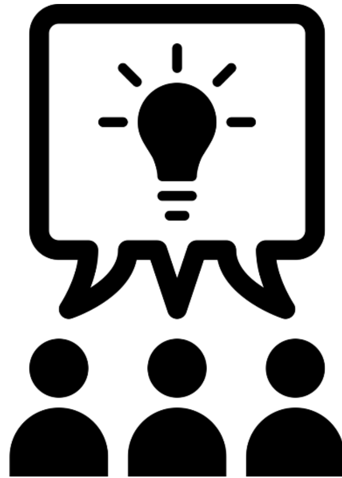
RATE REVIEW COMMITTEE: Any applicable feedback from the Rate Review Committee will be incorporated into the AMRP.

LOGGING DIRECT FEEDBACK: Staff will keep a log of Access issues that hit their desk. This information will inform the AMRP and may initiate Access investigations.

TARGETED OUTREACH: Key stakeholders for each service category will be solicited for feedback on the AMRP.

BROAD PUBLIC NOTICE: The AMRP will be publically posted for 30 days. Feedback will be incorporated into the AMRP prior to final Department clearance and submission to CMS.

QUESTIONS, CONCERNS, DISCUSSION ITEMS:



Any other helpful information or materials we can provide as relates to AMRP?

CONTACTS: Questions relating to the Access Monitoring Review Plan can be directed to Alex Weichselbaum at Alex.Weichselbaum@hcpf.state.co.us

https://www.colorado.gov/pacific/hcpf/access-monitoring-review-plan

Facilitated Panel Discussion

Reflections on the Rate Report
Panel Q & A

1. Colorado's Rates Were Considered Sufficient (*with some exceptions)

Service Category	Colorado's Rate Compared to Benchmark
Laboratory Services	87.96% of benchmark
Private-Duty Nursing Services	111.8% - 144.70% of other states' Medicaid rates
Home Health Services	72.49% - 197.11% of other states' Medicaid rates
Physician-Administered Drugs	100.7% of benchmark

1. Colorado's Rates Were Considered Sufficient (*with some exceptions) -- continued

Service Category	Colorado's Rate Compared to Benchmark
Non-Emergent Medical Transportation Services	28.19% of benchmark *Unable to draw reliable conclusions about sufficiency of rates.
Emergency Medical Transportation Services	30.74% of benchmark *Significantly below Medicare and other states. May not be sufficient for high-value services.

2. Understanding the Regional Context is Important

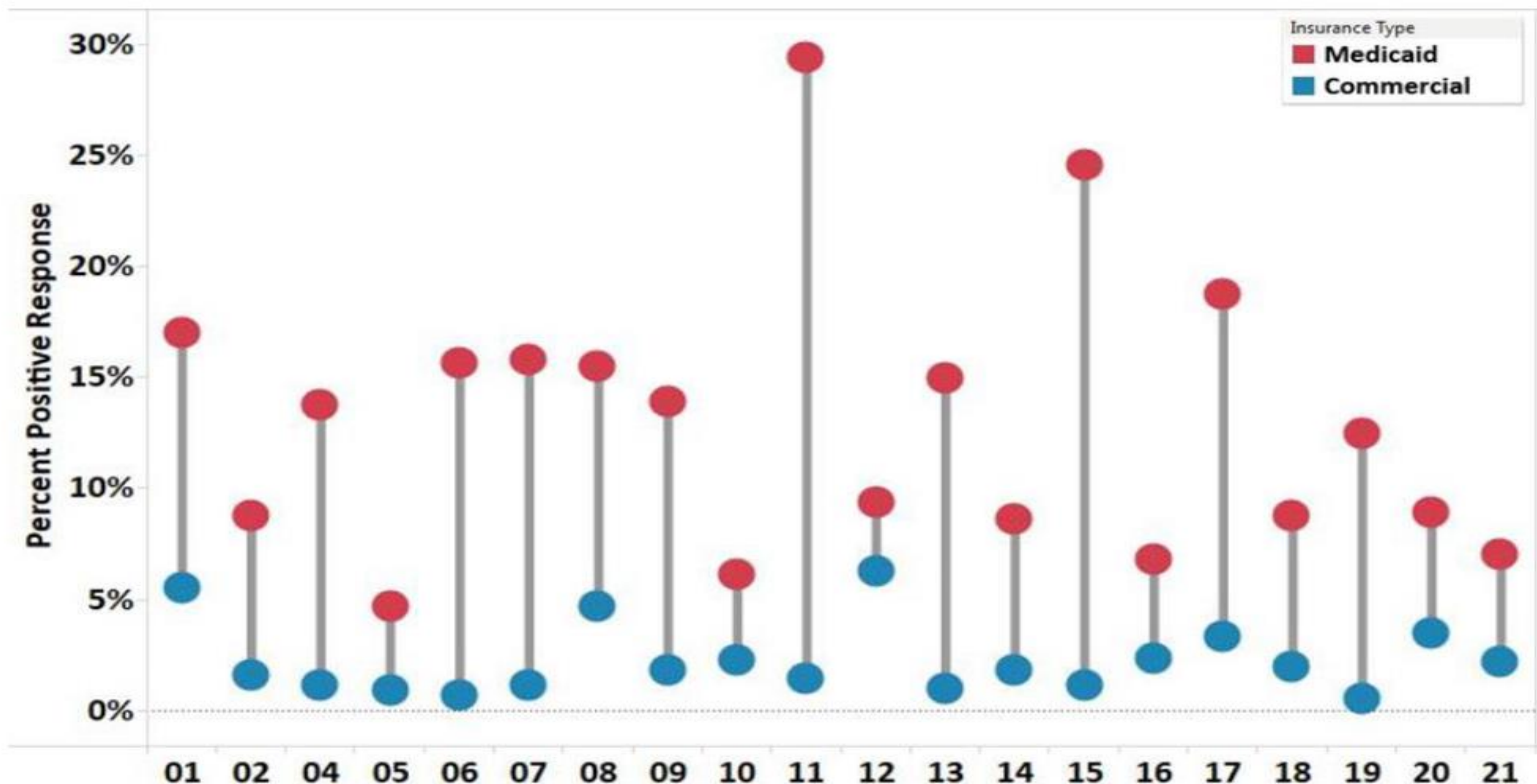


Figure 43 - CHAS: percent positive (affirmative) responses by insurance type by region.

Percentage of Coloradans who reported they didn't get needed care in the last 12 months because they lacked transportation.
Source: 2015 CO Health Access Survey

3. Medicaid Expansion Continues to Affect Supply and Demand

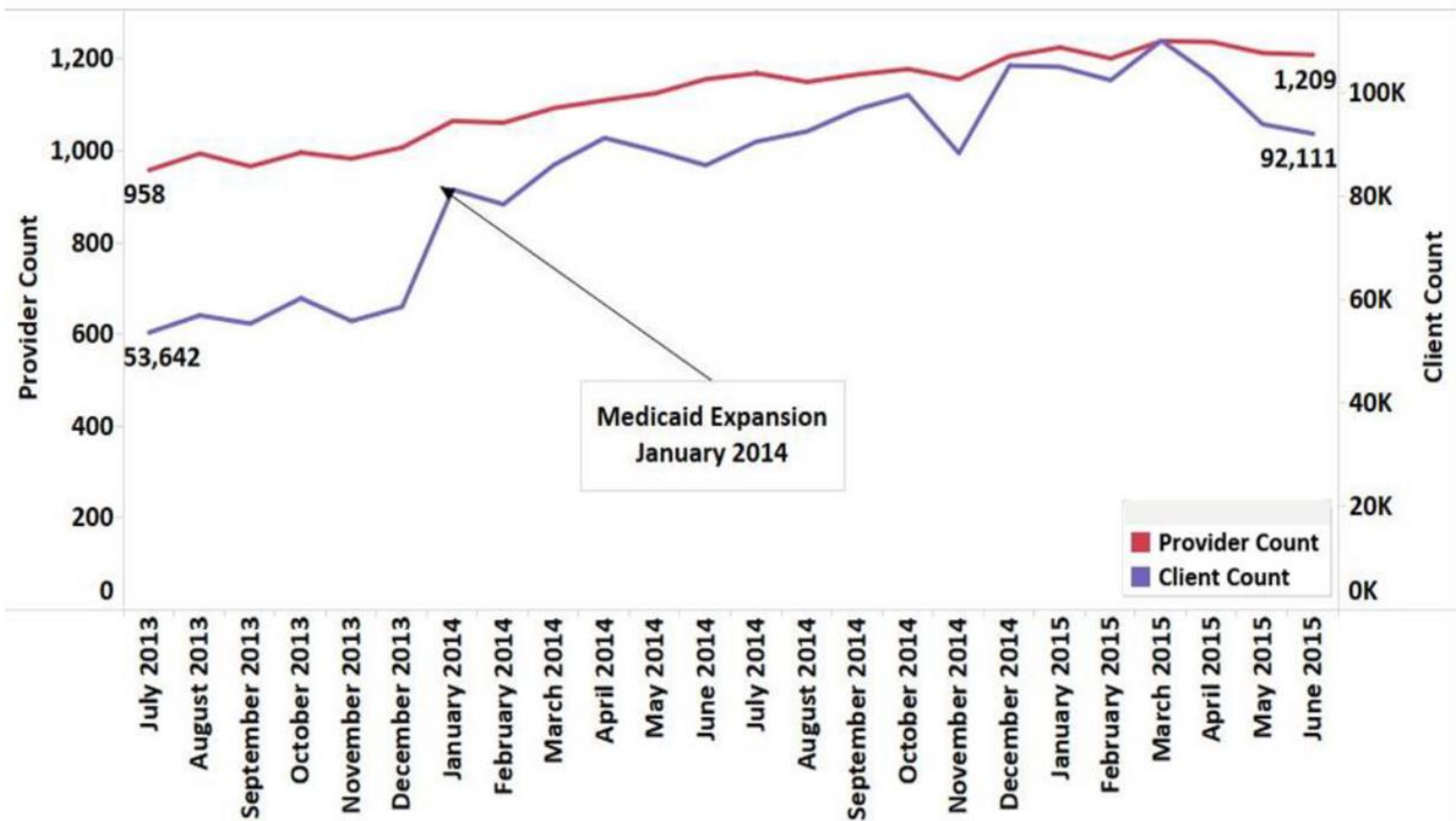


Figure 12 - Growth in clients who utilized laboratory services and provider count.

Part 2

How Can CHI Best Inform the Access Conversation?

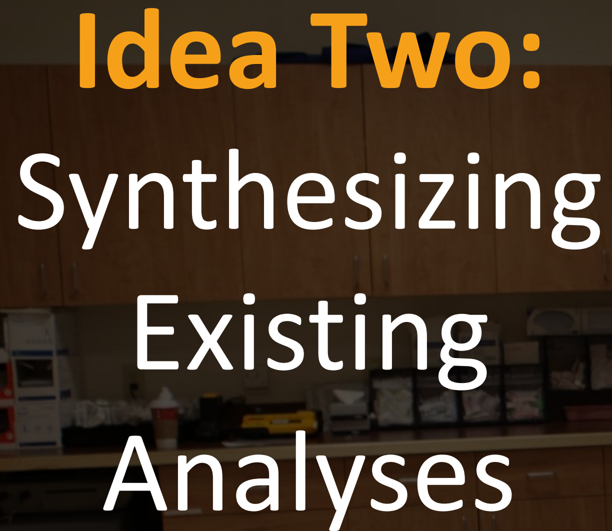
A Few Ideas

Guiding Questions

- What elements of access to care should be the focus?
- Who is most affected?
- Are communities rising to the challenge?

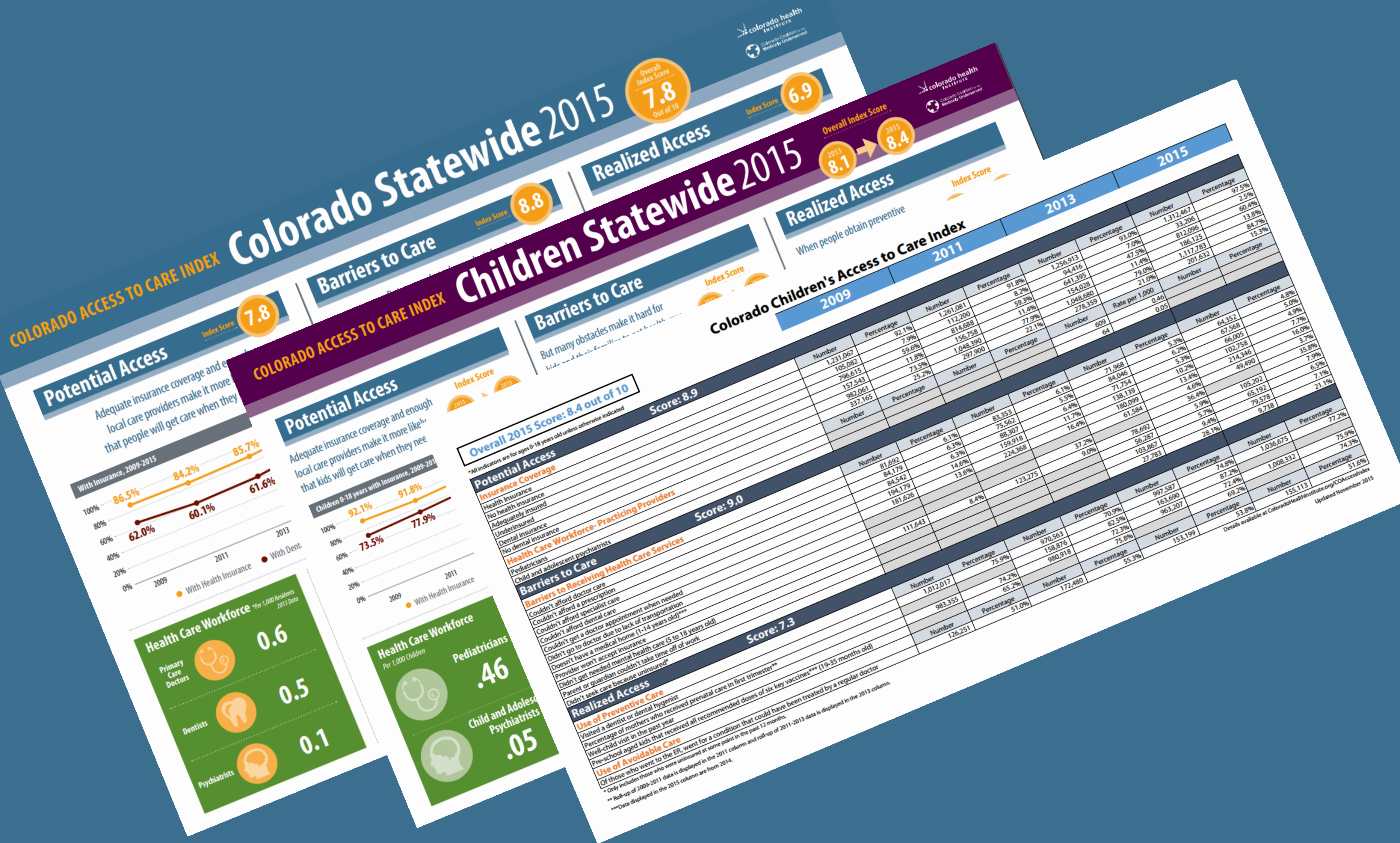
Idea One: Scan of Colorado's Specialty Care Initiatives

- Explore who is doing what to address specialty care access.
- Identify opportunities to collaborate.
- Convene specialty care summit?



Idea Two: Synthesizing Existing Analyses

Idea Three: A Medicaid Access to Care Index



Leveraging Your Expertise

How best can the Colorado Health Institute inform the discussion on access to care?

2016 SNAC Lab Dates

July 13

Sept. 22

Nov. 17

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

colorado health INSTITUTE

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