



Food for Thought

Updates from the Safety Net Advisory Committee (SNAC)

Pair of Studies Review Access to Care for Medicaid

Assessments Follow State and Federal Requirements

MAY 19, 2016

Introduction

Colorado's Medicaid agency has undertaken a pair of studies to review whether its clients have adequate access to care and its providers are fairly compensated.

Results of the studies will help to determine whether the state is doing enough to ensure its Medicaid members can get the care they need.

State and federal requirements prompted the Colorado Department of Health Care Policy and Financing (HCPF) to conduct the reviews.

Initial results of the studies show that provider rates and access are mostly adequate, with spotty problems.

However, HCPF's experts are aware that individual experiences with access and provider compensation may vary. HCPF has asked for public comments about both reviews.

HCPF representatives shared their early work on these two initiatives at the May 19 meeting of the Safety Net Advisory Committee (SNAC) Learning Lab.

Primary Themes

- State and federal initiatives are turning attention to Medicaid access to care.
- Safety net stakeholders will have opportunities to be involved and provide feedback in future updates to the reports.
- Exploring provider rates is a key component of the ongoing access-to-care narrative.

Figure 1. How Well Does Colorado Pay?

Payment Rates for Six Medicaid Services Compared with Available Benchmarks (Medicare and Other States' Medicaid Programs)

Service	Percentage of Benchmark Rate
Laboratory Services	88%
Private-Duty Nursing Services	112% - 145%
Home Health Services	72% - 197%
Physician-Administered Drugs	101%
Non-Emergent Medical Transportation Services*	28%
*Unable to draw reliable conclusions.	
Emergency Medical Transportation Services**	31%
**May not be sufficient for high-value services.	

Source: Colorado Department of Health Care Policy and Financing

Background: Provider Rates

The Colorado legislature in 2015 directed HCPF to look at whether it is paying providers enough to ensure adequate access to care for Medicaid members (see Figure 1).

HCPF, in response, is reviewing its provider rates on a five-year rolling schedule. Rates will be compared with a benchmark of payments in other states and Medicare.

The first study focused on six services:

- Laboratory and pathology.
- Private duty nursing.
- Home health.
- Non-emergent medical transportation.
- Emergency medical transportation.
- Physician-administered drugs.

The report weighs in at 93 pages, going into detail about client and provider demographics and utilization and access for all six services.

HCPF's new Medicaid Provider Rate Review Analysis Committee (MPRRAC) conducted seven meetings for stakeholders to comment on the review.

The report concludes that reimbursement rates are likely sufficient for every service except non-emergent transportation, for which HCPF was unable to draw reliable conclusions from the available data.

However, Medicaid members in northwestern Colorado and other regions were much more likely than people with commercial insurance to say they skipped care because they didn't have transportation to the doctor. (See graph on next page.)

Also, rates for emergency medical transportation are significantly below the benchmark of Medicare and other states.

For private duty nursing and home health, other non-financial factors might affect provider retention and access to care for Medicaid members.

HCPF will turn in the review to the legislature's Joint Budget Committee this fall, which will use the conclusions to help set Medicaid provider rates for the 2017-18 budget. Next year's report will be bigger, tackling about 20 services.

Stakeholders had an opportunity to weigh in on the report, and HCPF anticipates further stakeholder involvement in next year's iteration.

Read the draft report: <https://www.colorado.gov/pacific/hcpf/access-monitoring-review-plan>

Background: Access to Care

At the same time as the legislative request, the federal Centers for Medicare and Medicaid Services (CMS)

Learn More

Provider Rate Review

<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>

Questions: Lila Cummings, lila.Cummings@state.co.us

Access Monitoring Review Plan

Read the draft report: <https://www.colorado.gov/pacific/hcpf/access-monitoring-review-plan>

Questions: Alex Weichselbaum, Alex.Weichselbaum@hcpf.state.co.us

required states to prepare reports on the adequacy of access to care for their Medicaid members. This Access Monitoring Review Plan is due to CMS by October 1, 2016.

A [draft report](#) is now available for review. However, the public comment period has ended.

The access report requires a separate analysis for each provider type and site of service for five services:

- Primary care.
- Physician specialists.
- Behavioral health (fee-for-service only).
- Pre and post-natal obstetrics.
- Home health.

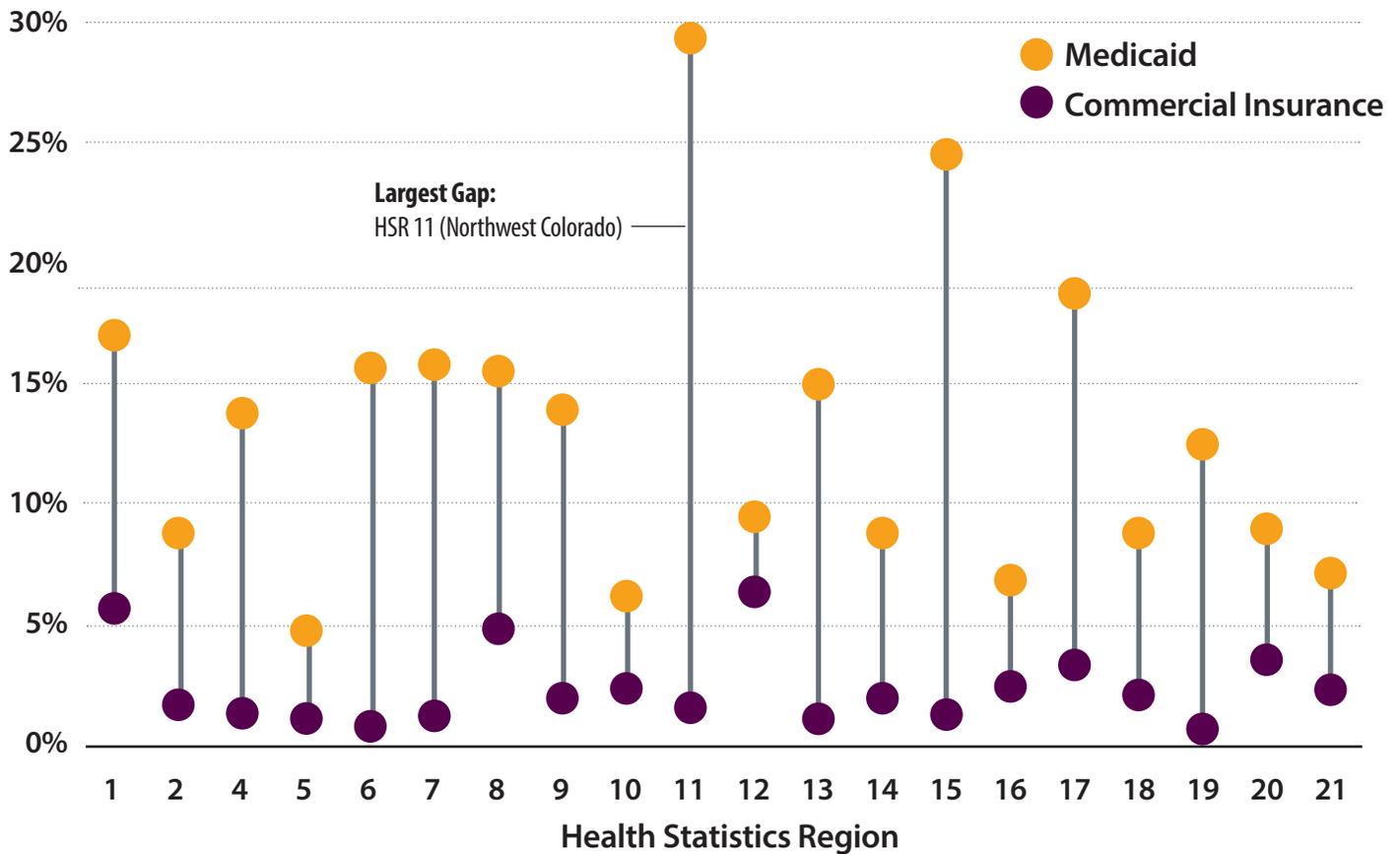
Much of HCPF's work already centers on access to care, but CMS wants proof of success from the states, said Alex Weichselbaum, a benefit manager for HCPF.

The report presents some challenges. The only administrative data available to be analyzed are from Medicaid. HCPF can see whether Medicaid access to care is getting better or worse, but without data from other payers for comparison, the department can't determine whether access is sufficient in the first place.

Therefore, the report also draws on other data sources,

Figure 2. Transportation Troubles for Medicaid Members

Percentage of People Reporting Transportation as a Barrier to Care, by Insurance Type, 2015



Note: No data available for Region 3 (Douglas County).

Source: 2015 Colorado Health Access Survey; Department of Health Care Policy and Financing

including the Colorado Health Access Survey.

HCPF's most critical measurement is service penetration — the percentage of Medicaid members eligible for a service who actually receive the service, Weichselbaum said.

At a high level, the report concludes that access seems to be sufficient in most cases.

The department must report access deficiencies to CMS and fix them within a year. The report will be updated every three years, and HCPF will take more public comments for the next iteration.

The SNAC Lab Discussion

"At a 10,000-foot level, access does look sufficient," Weichselbaum said. "People are accessing services."

However, when you zoom in, many people encounter problems, he said.

Public participation in the access conversation is important, said Lila Cummings, HCPF's rate review stakeholder relations specialist.

"We are open to figuring out better ways to measure access," Cummings said.

A portion of that conversation took place at May's SNAC Lab.

One attendee wanted to know whether HCPF's access to care report measured how long it takes to get an appointment. The report uses CHAS data to partially answer this question. The CHAS asks respondents whether they could get an appointment when they needed one, but it does not ask exactly how long it took

to get in to see a provider.

Another attendee asked why access measures in Mesa County were lower, and whether the Medicaid Prime pilot program underway there might have anything to do with it. HCPF staff did not know the reasons behind the difference, but Cummings suggested a younger, healthier population might have less need to access health services in the first place.

Finally, one person asked how to respond to providers who continue to say they are having problems gaining access to specialty care for their patients.

HCPF staff encouraged providers to make thorough comments to inform future iterations of the reports.

“The more we can hear from folks who are seeing these things on the ground, the better informed we will be to try to take action,” Weichselbaum said.

CHI’s Jeff Bontrager wrapped up the conversation by asking the audience what CHI can do to help inform the access conversation.

Attendees were interested in a potential Medicaid

Access to Care Index, even though its results probably won’t be comparable with a full statewide index because of different data sources.

One suggestion was to find other ways to tell the access-to-care story, such as through mapping.

Another person pointed out that a problem with the HCPF reports is the department only looks at people who are in care, and you have to look at people not receiving care to get the full picture.

Weichselbaum agreed that this would be the “silver bullet” in the access-to-care investigation, because it would show unmet demand.

However, unmet demand is the toughest piece of the puzzle to figure out, Bontrager said.

Conclusion

HCPF is finalizing its provider rate reviews and access-to-care reports. Both reports will be updated in future years, and the department is looking for community input to help produce more robust examinations of access to care for Colorado Medicaid members.

Organizations Represented at the May 19, 2016, SNAC Lab

- 3M Health Information Systems
- Beacon Health Options
- Carin’ Clinic
- Caring for Colorado Foundation
- Central Oregon Health Council
- Children’s Hospital Colorado
- Colorado Association of Local Public Health Officials
- Colorado Association for School-Based Health Care
- Colorado Children’s Healthcare Access Program
- Colorado Community Health Alliance
- Colorado Community Health Network
- Colorado Consumer Health Initiative
- Colorado Department of Health Care Policy and Financing
- Colorado Department of Public Health and Environment
- Colorado Health Foundation
- Colorado Hospital Association
- CS Policy
- Denver Regional Council of Governments
- Delta Dental of Colorado Foundation
- El Paso County Public Health
- Integrated Community Health Partners
- Jefferson Center for Mental Health
- North Colorado Health Alliance
- Rocky Mountain Health Plans
- Rocky Mountain Youth Clinics
- Rose Community Foundation



Colorado Health Institute is a trusted source of independent and objective health information, data and analysis for the state’s health care leaders. Colorado Health Institute is funded by the Caring for Colorado Foundation, Rose Community Foundation, The Colorado Trust and the Colorado Health Foundation.

303 E. 17th Ave., Suite 930, Denver, CO 80203 • 303.831.4200 • coloradohealthinstitute.org