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

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.

Barriers to Care  Index Score 8.8
But many obstacles make it hard for people to get health care — even if they have insurance.

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.

Potential Access Details:
- With insurance, 2009-2015:
  - 2009: 86.5%
  - 2011: 84.2%
  - 2013: 85.7%
  - 2015: 93.3%

Barriers to Care Details:
- Couldn't Afford Medical or Dental Care in Past 12 Months, 2009-2015:
  - 2011: 21.9%
  - 2013: 22.9%
  - 2015: 19.3%

Realized Access Details:
- Preventive Care:
  - Well-child visits in the past year for children under 19 years:
    - 2011: 72.3%
    - 2013: 74.2%
    - 2015: 75.9%

Health Care Workforce:
- Primary Care Doctors: 0.6
- Dentists: 0.5
- Psychiatrists: 0.1

Underinsured Coloradans:
- Percentage of Population: 16.4%

Health Care Workforce:

Updated December 2015 - Data source details available at ColoradoHealthInstitute.org/AccessIndex *2013 data
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
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.
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:

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"
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: REQUIREMENTS & 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)

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Colorado’s Rate Compared to Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory Services</td>
<td>87.96% of benchmark</td>
</tr>
<tr>
<td>Private-Duty Nursing Services</td>
<td>111.8% - 144.70% of other states’ Medicaid rates</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>72.49% - 197.11% of other states’ Medicaid rates</td>
</tr>
<tr>
<td>Physician-Administered Drugs</td>
<td>100.7% of benchmark</td>
</tr>
</tbody>
</table>
1. Colorado’s Rates Were Considered Sufficient (*with some exceptions) -- continued

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Colorado’s Rate Compared to Benchmark</th>
</tr>
</thead>
</table>
| 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. |
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.
Jeff Bontrager  720.382.7075  bontragerj@coloradohealthinsitute.org
Jessica Fern  720.382.7078  fernj@coloradohealthinstitute.org

coloradohealthinstitute.org  #COHealthInst