

Fixing Medicaid:

**Improving provider participation in
CT's program**

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Medicaid challenges

- One in six state residents
- 35% of ER visits but only 13% of population
- Challenges finding a provider
- Provider participation is voluntary
- Nationally, provider participation has decreased over last decade
- Adult primary care most severe shortage
- ACA expands CT Medicaid by 140,000 in 2014, mainly adults

GAO report

- Nationally, 79% of physicians accept all new privately insured children but only 47% for new Medicaid child patients
- Nonparticipating physicians most commonly cite administrative issues as barriers
- Report great difficulty in referring children to specialists – 84% for Medicaid, 26% for privately insured children

CT Medicaid rates

- Lower than private pay
- More generous than most states
 - 44% over US average
 - 99% of Medicare average
- Little evidence nationally that rate increases improve access to care, especially for more generous states like CT
 - 10% increase in rates resulted in only 2.1% increase in primary care provider Medicaid acceptance rates

Evidence of other barriers

- 2000 CT pediatrician survey found rates most cited, quickly followed by missed appointments, unpredictable payments, etc.
- National evidence that payment delays can offset benefit of higher rates in provider participation rates
 - In 2008 CT Medicaid averaged 73.6 days to pay, commercial averaged 36.4 days
- States with lower reimbursement rates than CT have higher participation rates
- State Access programs find it is much easier to recruit physicians to volunteer and serve uninsured without any pay than to take Medicaid



This study

- \$54.6 m rate increases, FFS, HUSKY and SAGA
- Effective Jan. 2008 but implemented over months
- Not evenly applied across categories
- Favored longer visits
- No increase for pediatric general preventive care – already higher
- Assess impact of rate increases on participation
- Identify other barriers
- Identify solutions from other states
- Recommendations



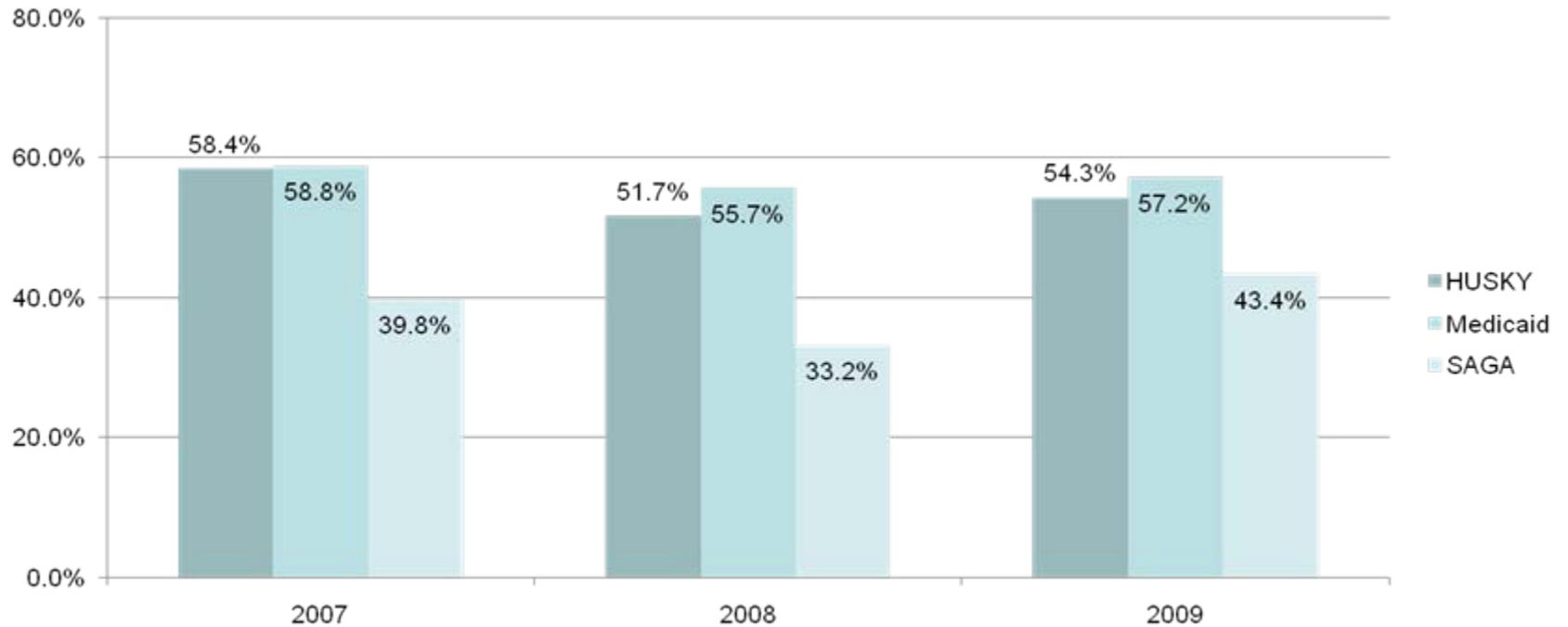
Methods

- Random phone survey of 850 CT MDs, CSMS membership list
- June/July 2007, 2008, 2009
- Response rate across all three years 71.4%
- Detailed mail/online surveys to CT Practice Managers Association membership list
 - Response rate 26%
- Online survey of CT community health center clinicians
- Three focus groups – physicians, practice managers, CHC financial officers
- Interviews key stakeholders -- provider groups, practice management consultants, Medicaid agencies – CT and 40 other states

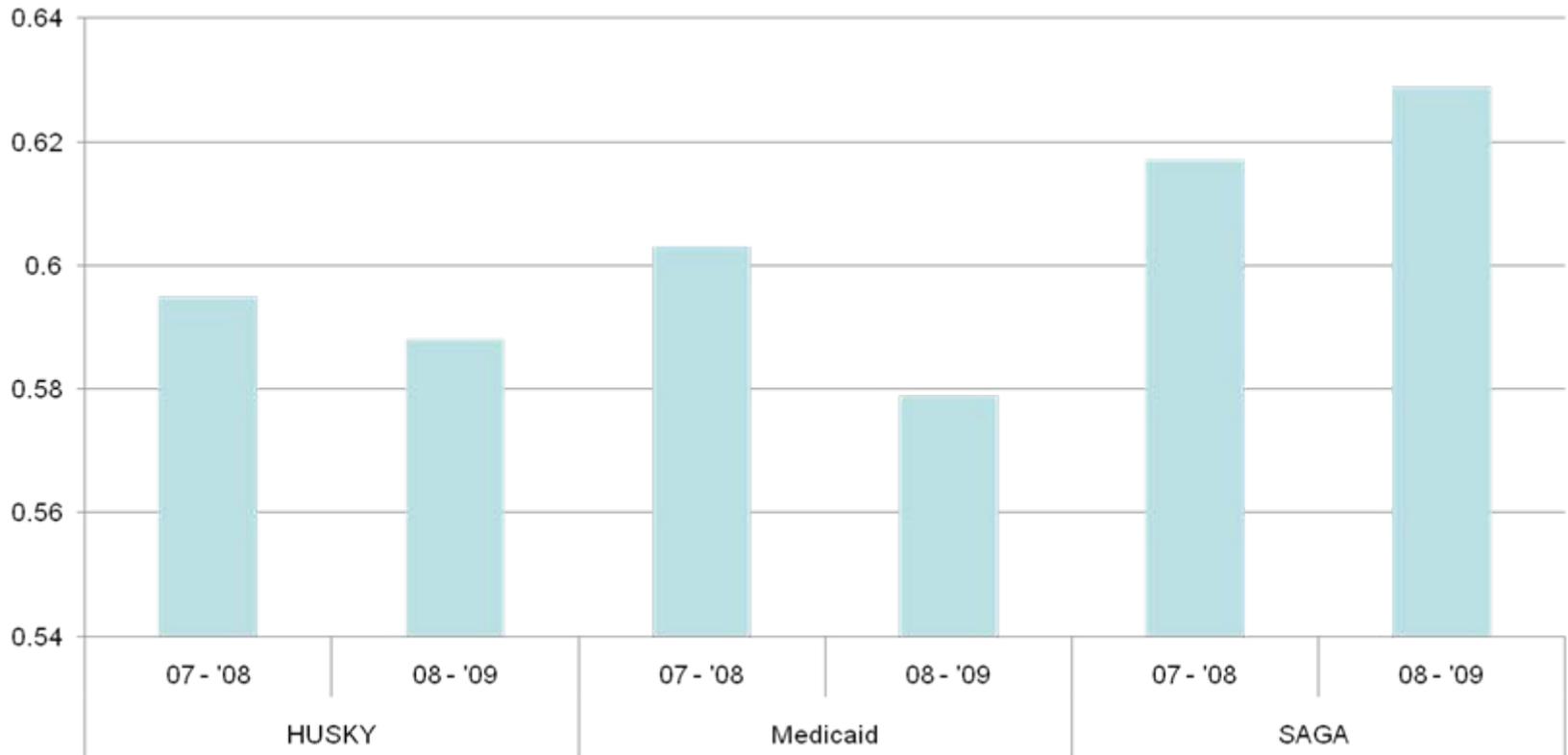
Results

- About half of CT physicians take new HUSKY and/or Medicaid, One third to 43% accept new SAGA patients
- No impact of rate increases – either participation or retention
- Not large differences between primary care and specialist participation rates
- Primary care docs more likely to take HUSKY, specialists more likely to take Medicaid
- Low retention rate in HUSKY, Medicaid, better in SAGA

All physician participation rate



Participation correlation between years, all physicians





Practice manager survey

- Inadequate rates highest reported barrier by far
 - Then very diverse issues
- One in three participants not sure if they will be participating in five years
 - 11% either definitely or likely won't be
- More problems reported with Medicaid, followed by HUSKY, then SAGA
- 43% were aware of rate increases but reported minimal impact
 - 24% reported no impact
 - 17% reported very positive impact
 - 17% did not notice the increases



Focus groups

- Physicians and practice managers very tense, angry
 - Disrespect
 - Unclear communications
 - Need transparency in policies, rates
 - Suspicion that rules are not applied fairly

“You would think they don’t want doctors to join Medicaid.”

- CHC group very different experience
- Organized, staff to facilitate problems, share with group
- Large volume of patients
- Personal relationships over years
- Higher rates
- Lawsuits

Themes

- Thoughtful rate setting, timely payment
- Poor communications
 - Antagonistic, not treated with respect, not valued
 - Unclear, conflicting information
 - Won't commit to writing
- Need to standardize rules and processes
 - Apply evenly to all providers
- Better patient information materials needed
- More difficult patients
- Feel they are not consulted or considered in policymaking
 - Not given explanations, reasons, goals of policy changes

Other states

- Emphasis on responsiveness – *“Very open lines of communication”*
 - Listen and follow through critical
- Regular meetings at convenient locations/times
- Make it easy to get paid, timely payments
- Make it easy to get answers
 - Clear policies, accessible, in writing/online
- Patient materials available to providers
- Critical that agency admit what doesn't work and fix it
- Transparent policymaking process
 - Solicit and incorporate provider input
- Culture of partnership

Recommendations

- Reorient agency attitudes toward providers
- Redesign systems from provider perspective
- Overhaul communications
- Fair, transparent compensation models
- Patient education

For more information

Full report

http://www.cthealthpolicy.org/pdfs/201105_fixing_medicaid.pdf

More information

www.cthealthpolicy.org

Questions

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