# Primary Care Provider Access and Reimbursement Rates:  What We Know

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# Review of the Literature

## New Patient Access to Physicians

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## Physician Reimbursement

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# NJ FamilyCare Managed Care Contract Network Standards

## Access Standards

- **Urban** - *90%* of enrollees within *6 miles* of 2 PCPs & 2 primary care dentists (PCDs)

- **Non-Urban** - *85%* of enrollees within *15 miles* of 2 PCPs & 2 PCDs

- Covering Physicians within 15 miles (urban) or 25 miles (non-urban)

## Travel Time Standards

- **Enrollees must reside 30 min. or less from PCP/PCD or Nurse Practitioner**
  - *20 miles* in normal conditions and primary roads
  - *20 miles* in rural or mountainous areas and secondary routes
  - *25 miles* in flat areas or areas connected by limited access highways
  - **30 min.** on public transit or **6 miles** away in metro areas

Source: NJ FamilyCare Managed Care Contract, Section 4.8.8: Provider Network Requirements

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# Studies Ranking State Medicaid Performance

**August 2012**

- *Health Affairs:*  Primary care and specialist physicians accepting new Medicaid patients

**May 2013**

- *Rider University*:  Are Physician Medicaid Acceptance Rates Comparably Low In New Jersey?

**April 2014**

- *Rutgers Center for State Health Policy:* Access to Physician Services in NJ before ACA Implementation

**April 2014**

- *JAMA Internal Medicine:* Primary care access for new Medicaid patients

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# *Health Affairs:* Physicians Accepting New Patients- Study Design

**Data Source: 2011 National Ambulatory Medical Care Survey, Electronic Medical Records Supplement conducted by mail with telephone follow-up**

**Nationwide, 3,979 surveys were returned with the sample size from NJ estimated to be <u>about 80</u> primary care and specialist physicians.**

Source: Decker SL. In 2011 Nearly One-Third of Physicians Said They Would Not Accept New Medicaid Patients, But Rising Fees May Help. Health Affairs 2012

# *Health Affairs:* Physicians Accepting New Patients Study- Key Findings

**The rate for physicians accepting new Medicaid patients varied greatly across states with NJ physicians least likely to accept new Medicaid patients**

**Higher reimbursement rates were associated with higher new patient acceptance rate in a state**

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# *Health Affairs:* Physicians Accepting New Patients Study- Additional Facts

**Large "margin of error" – 12 percentage points**

**New Jersey's Provider Acceptance Rate could be anywhere from 28% to 53%**

**Only fee-for-service rate schedules were used, managed care rates were not considered**

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# *Rider University*: Study Design

**Examined physician acceptance rates of Medicaid patients in New Jersey compared to 12 states.**

**Data Source: Medicaid Analytic Extract (MAX) and The National Plan and Provider Enumeration System (NPPES)**

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# Rider University: Key Findings

**Percent of All NJ PCPs Who Saw at Least 12 Medicaid Patients**
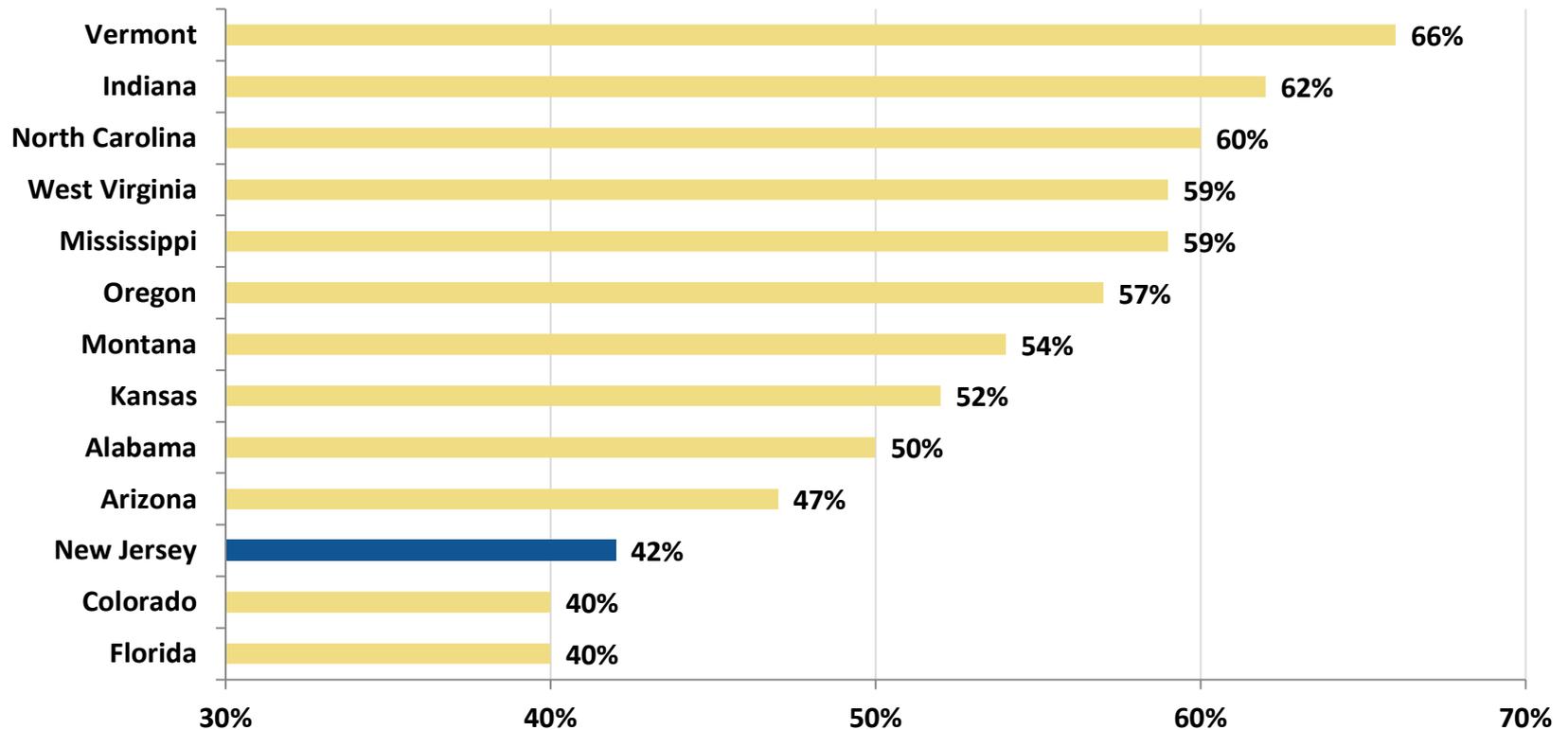
| State | Percent |
|---|---|
| Vermont | 66% |
| Indiana | 62% |
| North Carolina | 60% |
| West Virginia | 59% |
| Mississippi | 59% |
| Oregon | 57% |
| Montana | 54% |
| Kansas | 52% |
| Alabama | 50% |
| Arizona | 47% |
| New Jersey | 42% |
| Colorado | 40% |
| Florida | 40% |

# Active Patient Care Physicians and Medicaid Enrollment

## More Doctors in NJ vs. US

**NJ = 254.8**

**US Avg.= 225.6**
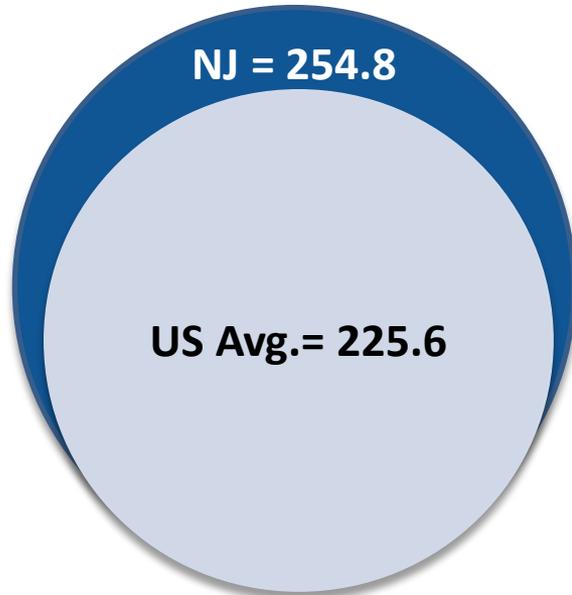
**(Doctors per 100,000 residents)**

## Fewer Medicaid Enrolled in NJ vs. US

**US Avg. = 22.8%**

**NJ = 14.5%**
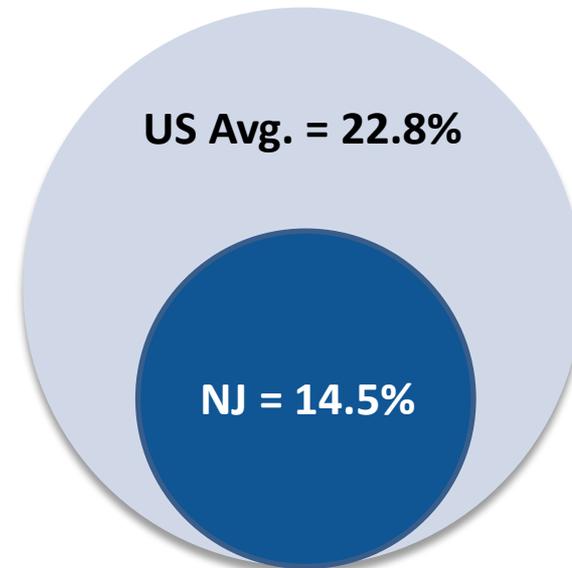
**(Medicaid Enrolled as Percent of Population)**

**Because NJ has a greater supply of doctors relative to the number of Medicaid patients, it is more appropriate to look at this ratio in order to evaluate accessibility**

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# Rider University: Key Findings

**NJ PCPs per 1,000 Medicaid Recipients Who Saw at Least 12 Medicaid Patients**
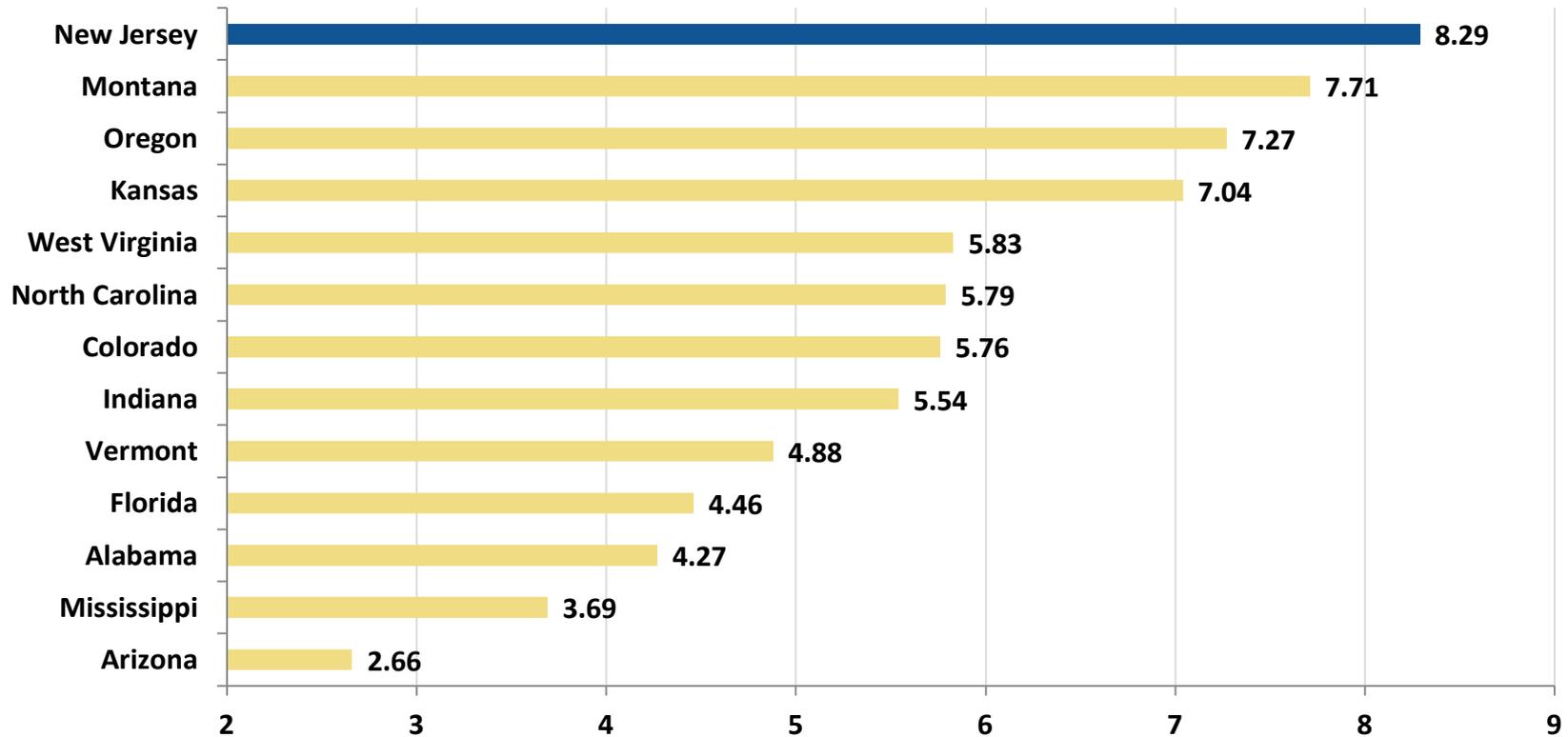
| State | Value |
|-------|-------|
| New Jersey | 8.29 |
| Montana | 7.71 |
| Oregon | 7.27 |
| Kansas | 7.04 |
| West Virginia | 5.83 |
| North Carolina | 5.79 |
| Colorado | 5.76 |
| Indiana | 5.54 |
| Vermont | 4.88 |
| Florida | 4.46 |
| Alabama | 4.27 |
| Mississippi | 3.69 |
| Arizona | 2.66 |

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# *Rutgers Center for State Health Policy*:  Study Design

Calls were made to a random sample of 5,195 adults in New Jersey households including Medicare, Medicaid, Private Insurance and Uninsured

The survey used is the New Jersey Behavioral Risk Factor Surveillance System (NJ-BRFSS).  Data was collected Jan. 2012 - Jun 2013

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# *Rutgers Center for State Health Policy*: New Patient Access Key Findings

| Respondents Told By a Doctor's Office or Clinic They Would Be Accepted as a New Patient | | |
|---|---|---|
| **Insurance Coverage Category** | **General Doctor** | **Specialist** |
| **New Jersey Overall** | **95.2%** | **95.5%** |
| **Medicare** | **95.9%** | **96.8%** |
| **NJ FamilyCare** | **91.8%** | **91.1%** |
| **Employer, Other Private, Other** | **95.8%** | **96.2%** |
| **Uninsured** | **94.2%** | **94.3%** |

NJ rates are about double US rates for reported difficulty finding a physician who would accept them as a new patient.
(National data is based on the US CDC's National Health Interview Survey which is different than the BRFSS data used for the data above)

# *JAMA Internal Medicine:* Primary Care Access for New Patients- Study Design

Callers to primary care offices posed as new patients with private insurance, Medicaid and uninsured. The ability to obtain an appointment and the waiting time for the appointment were measured.

Calls were made between November 2012 and April 2013 in 10 states which comprise almost 1/3 of the US nonelderly, Medicaid, and currently uninsured populations

1,295 calls made to primary care practices in NJ. 478 callers posed as Medicaid recipients

# *JAMA Internal Medicine* Findings: Median Waiting Time for a Medicaid Appointment

**15 Days** — **Massachusetts: Longest Median Days Waiting Time**

**6 Days** — **10 States Median Days Waiting Time**

**4 Days** — **New Jersey: Shortest Median Days Waiting Time**

***NJ also had the lowest median wait time for private insurance (4 days)**

Note: Days indicated represent best estimate from chart appearing in the published paper.

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# Federal Rate Increase Summary

| | |
|---|---|
| **Medicaid HMOs**<br>**(Horizon/United through Mar. 2014; Others Dec. 2013)** | **$186,807,051** |
| **Fee-For-Service**<br>**(Services paid through Dec. 2013 as of 3/5/14)** | **$24,821,692** |
| **Total Payments** | **$211,628,749** |

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# Federal Rate Increase Utilization Summary

## Utilization of PCP Rate Increase CPT Codes, Jan. 2012 - Jan. 2014



**Legend:**
- Emergency Department Services
- Hospital Inpatient Services
- Immunization Administration for Vaccines/Toxoids
- Office/Other Outpatient Services
- Preventive Medicine Services
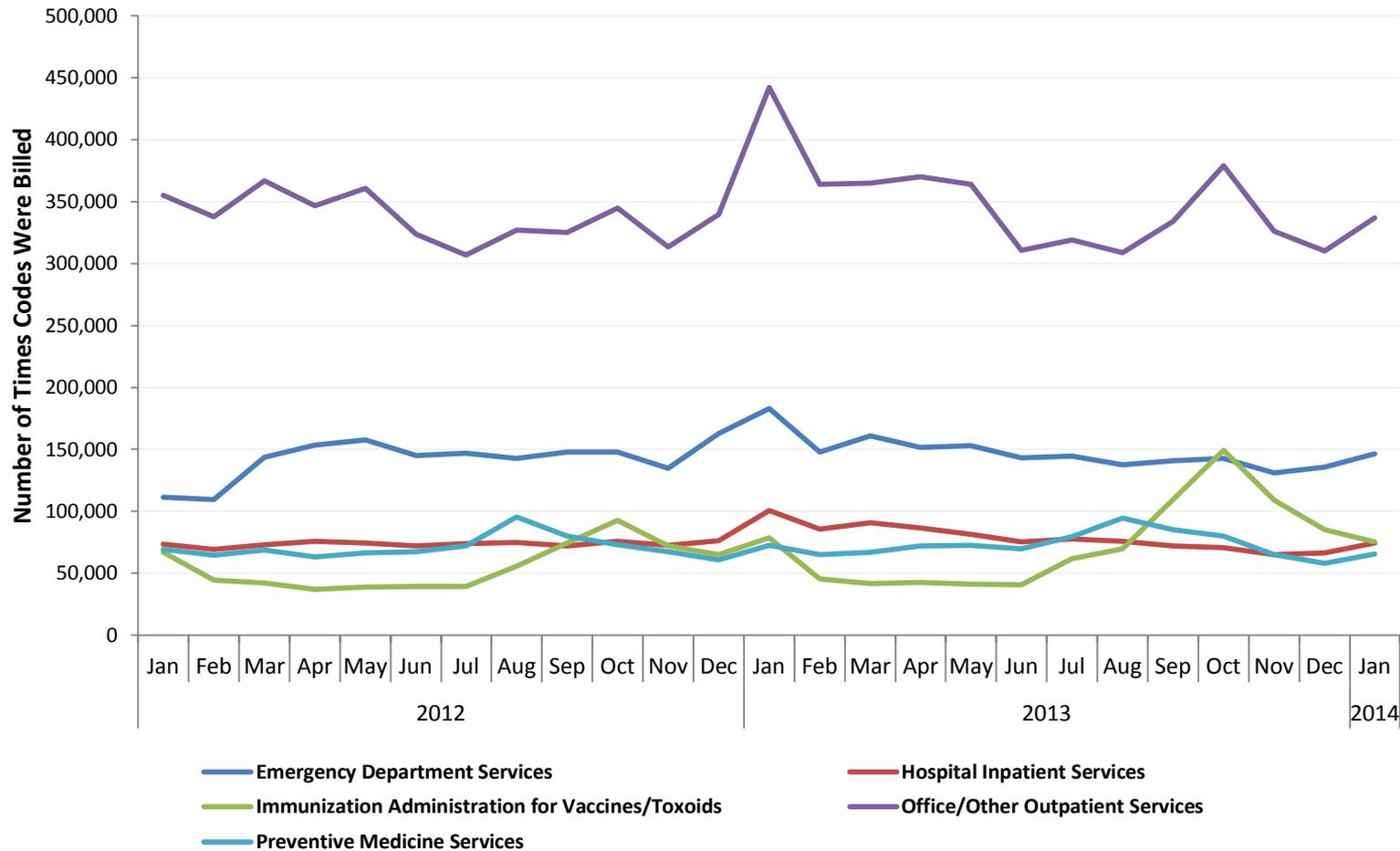
# *Informational Update:*

# NJ FamilyCare Expansion Enrollment

# Expansion Basics

**Timeline**
- Oct. 2013 – Applications Started
- Jan. 2014 – Expansion Population Benefits Started

**Who's Eligible?**
- All adults earning up to 133% of federal poverty level ($26,321 per year for a family of three)
- Those previously eligible also expected to enroll due to federal law's "individual mandate"

**Who pays?**
- Federal government pays 100% of expansion population's benefits through 2016
- Federal share slowly tapers to 90% by 2020
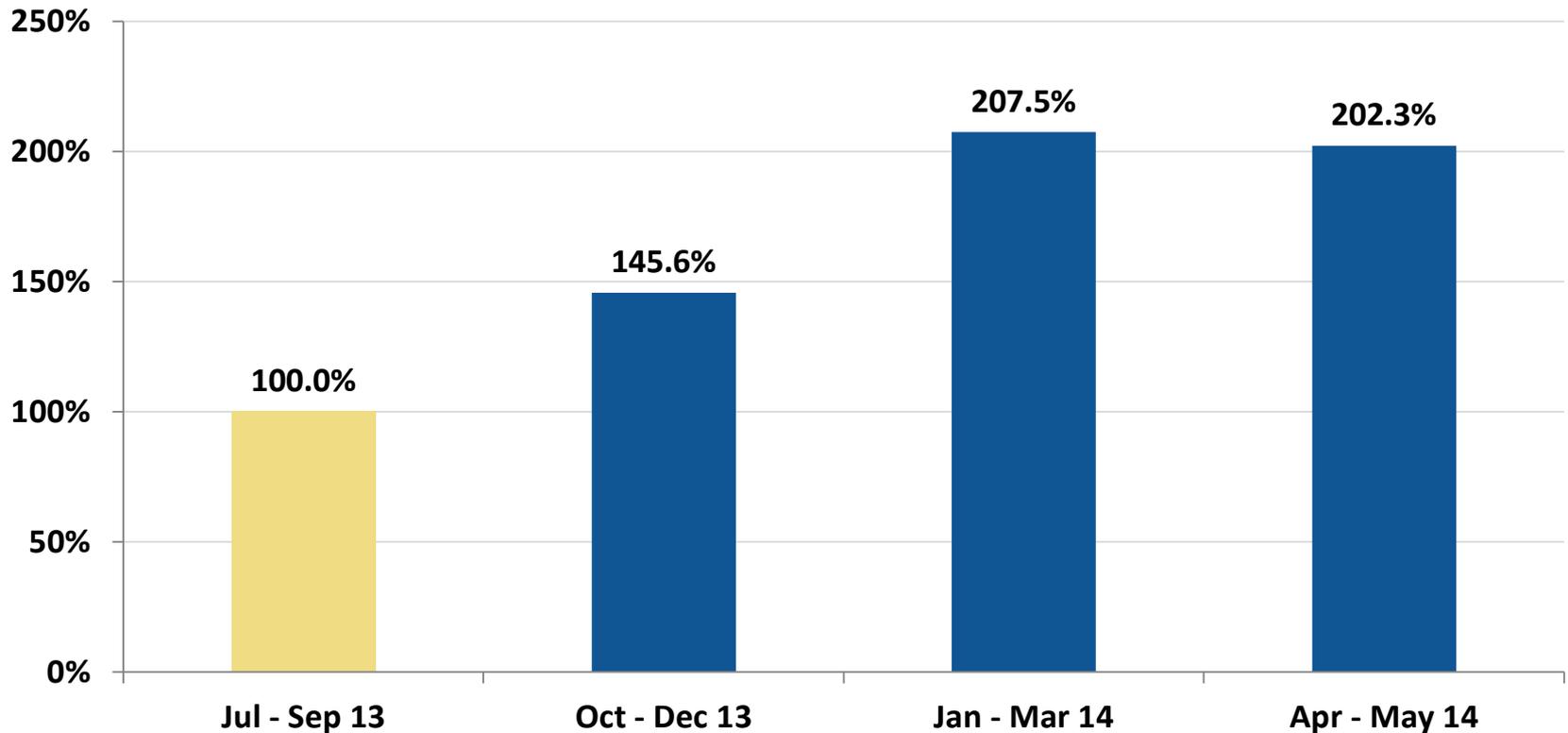
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# Overall Enrollment

## Total Medicaid/NJ FamilyCare Recipients, May 2009 – May 2014



**May-14** 1,485,576
**May-13** 1,309,666
**Dec-13** 1,284,481
**May-12** 1,298,201
**May-11** 1,289,722
**May-10** 1,258,443
**May-09** 1,146,087
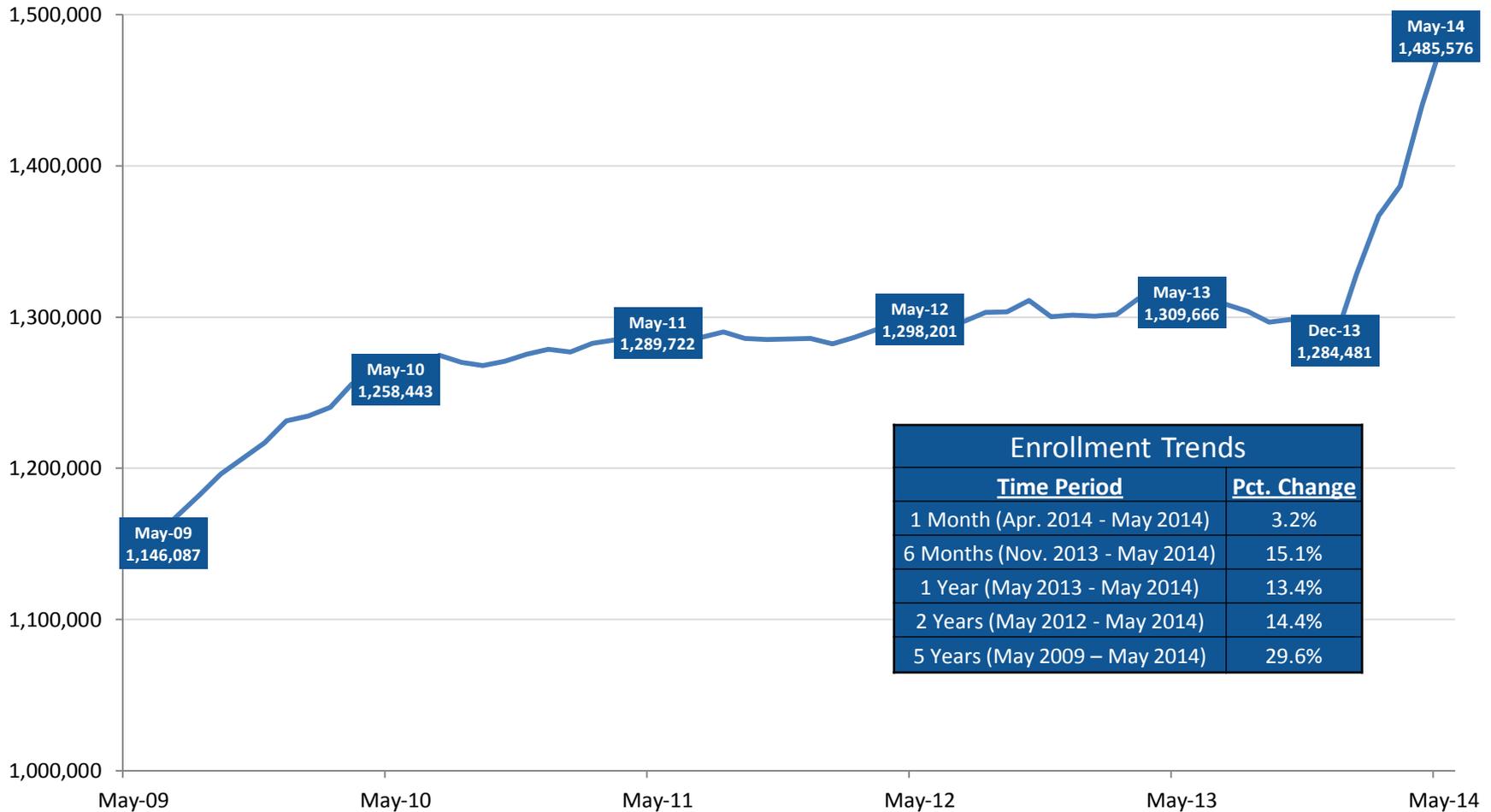
### Enrollment Trends

| Time Period | Pct. Change |
|---|---|
| 1 Month (Apr. 2014 - May 2014) | 3.2% |
| 6 Months (Nov. 2013 - May 2014) | 15.1% |
| 1 Year (May 2013 - May 2014) | 13.4% |
| 2 Years (May 2012 - May 2014) | 14.4% |
| 5 Years (May 2009 – May 2014) | 29.6% |

Source: Monthly eligibility statistics released by NJ DMAHS Office of Research available at http://www.nj.gov/humanservices/dmahs/news/reports/index.html

Note: Includes all recipients eligible for NJ DMAHS programs at any point during the month

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# May 2014 Expansion Summary

| | |
|---|---|
| **Adults Maintaining NJ FamilyCare Eligibility Due to Expansion** | **176,369** |
| **Newly Eligible Adults** | **175,134** |
| **Previously Eligible Children & Parents** | **29,498** |

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# *Informational Update:*

# Provider Credentialing

# Credentialing Task Force

**GOAL:**  Recommendation of a single model for the process of credentialing and re-credentialing non-commercial providers:

- Medical
- Dental
- Behavioral
- Non-traditional

# Credentialing Task Force

## Completed processes:

- Compiling medical provider concerns and requests
- Compiling dental provider concerns and requests
- Compiling managed care plan issues and recommendations
- Incorporating feedback from DOBI and MFD
- Discussion of modifying New Jersey Universal Provider Application to improve ease of use by non-physician providers
- Generation of preliminary agreements:
  - Plans have agreed to a 30 day timeframe for credentialing providers moving between offices
  - Plans have agreed to allow expedited credentialing when appropriate

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# Credentialing Task Force

## Work in process:

- Compiling concerns and issues from behavioral health providers, as coordinated by NJAMHAA

- Investigating and comparing the timeliness of responses from behavioral health and dental educational institutions to requests for documentation

- Creation of a workflow comparison grid between managed care organizations, and with fee-for-service

# Credentialing Task Force

## Next steps:

- Addressing issues surrounding non-traditional/MLTSS providers

- Investigating medical educational institutions to evaluate comparative timeliness of response to requests for documentation

- Developing recommendations to address the issue of educational institutions that have historically been slow to respond to information requests

# Credentialing Task Force

## Next steps, continued:

- Reviewing credentialing processes that have been adopted in other states

- Developing credentialing models with potential utility in New Jersey, and debating the pros and cons of each in a mixed forum

- Generation of the final recommendation

# *Informational Update:*

# **Administrative Services Organization/Behavioral Health Organization**

# ASO/MBHO RFP

- RFP to procure a vendor for the ASO/MBHO developed collaboratively by DMHAS and DMAHS

- Procurements for the State require the following:
  - Review by DHS executive staff and interdivisional/interdepartmental partners
  - Review by Department of Banking and Insurance (DOBI)
  - Review by DHS Central Office Procurement
  - Review by Office of Information Technology (OIT), Office of Management and Budget (OMB), and the Office of the State Comptroller (OSC)
  - RFP transmitted to Department of Treasury, Division of Purchase and Property (DPP)

- RFP published/posted by DPP

- Responsive bidder identified

- Once the ASO/MBHO vendor is identified, there will be a 4-6 month readiness review to ensure the vendor's ability to fulfill contract obligations.

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# Implementation of Managed Long Term Services and Supports (MLTSS)

## -- Presentation to the Medical Assistance Advisory Council --

### June 11, 2014

**Presentation by Lowell Arye**
**Deputy Commissioner**
**Department of Human Services**

# CMS Oversight

- 5/1/14 – NJ sent the MLTSS MCO contract to CMS for its review.

- 5/28/14 – NJ sent notice to CMS about its intent to cease operating its four 1915 (c) Medicaid HCBS waivers on 6/30/14 (per STC #63d).

- 5/30/14 – NJ sent its Readiness Review as required under STC #63. MLTSS Transition Plan comment responses went to CMS (per STC#62).

- Weekly readiness conference calls being held with CMS for month of June.

# MCO Readiness

- Weekly calls continue to be held with the MCOs to discuss progress, obstacles and successes of implementation preparedness.

- Questions on MCO "Issues Grid" are resolved and as new questions surface, they will be handled.

- Proof of adequate provider network is being monitored through written documentation and certification by the MCOs to the State.

# Care Management (CM) Transition for Medicaid Waiver Participants

- Training for new MCO CMs still on-going
  - Sessions held on about 20 different MLTSS, DoAS/DDS LTC topics with select ones videotaped/posted on the DHS website
- Waiver care management meetings finished with last one held on 5/21/14
- State holding weekly calls with MCOs' care management teams on CM transition issues

# GO Care Management Enrollments

- Number of new GO enrollments since February 1, 2014 = **729**

- To date, the number of GO cases which have transferred from their current CMOs to the MCOs = **about 1,500 (about 12,000 total)**

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# **Provider Readiness for MLTSS**

- Claims testing for MLTSS services began in April with MCOs providing updates as part of their readiness process for MLTSS
- Provider manuals have been updated by the MCOs to include MLTSS specific information
- DMAHS MLTSS newsletter will be mailed to all current Medicaid Waiver providers

# Provider Training for MLTSS

- MLTSS Training Subcommittee met in July 2013 and created sub-groups by provider category to address needs of individual provider types. DHS received comments on FAQs and training documents.
- DHS posted MLTSS resources for stakeholders and providers on its website. As part of MLTSS readiness, the MCOs also are requested to post provider training schedules.
- In-depth training currently is taking place.
- Provider associations also are working individually with the MCOs and DMAHS to request provider-specific trainings.

# MLTSS Communications

- CMS mandated letter to Medicaid Waiver consumers was mailed 4/1/14.
- Website was launched with continual updates.
- FAQs were completed and posted on website. Revisions are made accordingly.
- Aging and Disability Network and State hotline staff training completed.
  - o About 15 Aging and Disability stakeholder groups reached with MLTSS training.
  - o DOH Licensing and Special Child Health Services; Public Guardian; and Office of the Ombudsman for Institutionalized Elderly State staff to be trained by the end of June.

# MLTSS Go-LIVE

- DMAHS, DDS, and DoAS have a joint triage unit to determine areas in need of special assistance.
- Daily calls scheduled with each MCO for the first month of Go-LIVE to discuss specific issues. After the first few weeks, these calls will be held three times per week.
- Calls with each MCO will then transition to group MCO calls to discuss and resolve any specific issues.