

HEALTHY INDIANA PLAN

Provider Payment Report

12/29/2015

The Provider Payment Report evaluates whether the differential in MCE provider payment rates between the HIP 2.0 program and the Hoosier Healthwise (HHW) program has resulted in unequal access to health care services, in accordance with Section IX.8.a of the HIP 2.0 Special Terms and Conditions (STCs).

Background

The enabling Healthy Indiana Plan (HIP) legislation requires that providers are reimbursed at Medicare rates to ensure access under the program. As part of the HIP 2.0 financing agreement, the Indiana hospitals agreed to support costs to increase provider reimbursement in the non-HIP fee for service (FFS) and Medicaid managed care programs, including Hoosier Healthwise (HHW). Historically, the State has reimbursed non-HIP Medicaid providers at approximately 60% of Medicare rates; under the new agreement, provider rates increased to 75%.^{1, 2}

All FFS and Medicaid managed care providers must be certified under the Medicaid program by the Indiana Health Coverage Program (IHCP), so all HIP providers are also Medicaid providers\IHCP Providers.

Description of Report

In accordance with Section IX.8.a of the HIP 2.0 Special Terms and Conditions, the State shall submit an annual report by December 30th in DY 1 and September 30th of each subsequent DY that:

- i. Evaluates whether the differential in MCO provider payment rates between the HIP 2.0 program and the Hoosier Healthwise (HHW) program has resulted in unequal access to health care services, either in the number of providers available to beneficiaries, the number of providers accepting new beneficiaries, or in the time required to access care. Beneficiary access shall be assessed for routine care and urgent care in the following provider groups: primary care providers, OB\GYNs, and the most commonly used adult specialty providers;
- ii. Describes corrective actions implemented if evaluation shows access between programs is not equal; and
- iii. Describes any incremental changes to the provider payment rates in either the HHW and/or HIP 2.0 programs the state will be making for the upcoming rating period.”³

Data

Primary Medical Providers

The number of primary medical providers (PMPs) in HIP and HHW are presented in Table 1. The State enrolls Medicaid providers through IHCP, and the MCEs contract with these enrolled providers for the HIP program and HHW. There are three MCEs, and the MCEs for the HIP program are the same MCEs for HHW. Providers may contract with one, two or all three MCEs for both HIP and HHW. Two of the MCEs require providers to enroll in both HIP and HHW; within the third MCE, the vast majority of providers are enrolled in both programs.

¹ Milliman Client Report. Physician Fee Schedule Increase. Estimated Fiscal Impact of Updated Fee Schedule: 75% of Medicare Target. November 14, 2014.

² Exceptions include Maternity services, which are reimbursed at Medicare rates; and Behavioral Health services, which are reimbursed at 80% of Medicare rates.

³ Healthy Indiana Plan 2.0 Special Terms and Conditions. Page 34 of 58.

Members select a PMP upon enrollment into HIP and HHW. If a member doesn't select a PMP at enrollment, then the member is assigned a PMP by his/her MCE.

As Table 1 illustrates, as of December 1, 2015, there were 6,945 PMPs in HIP, with 6,411 accepting new members, and there were 5,013 PMPs in HHW, with 4,180 accepting new members.

TABLE 1.		
Number of Primary Medical Providers (PMPs) in HIP and Hoosier Healthwise (HHW).		
Provider Description	HIP	HHW
Primary Medical Providers	6,945	5,013
Primary Medical Providers who are Accepting New Patients	6,411	4,180

Today, only primary care physicians can serve as a member's assigned PMP in HIP and HHW. Physicians can have a panel of up to 2,500 members assigned to them, per each MCE. Starting on January 1, 2016, nurse practitioners will also be permitted to serve as a member's assigned PMP and have a panel of up to 500 members. The State believes this will improve access to primary care and make PMPs available in closer proximity to the member's residence, improving access to care across all our programs. In alignment with Medicare, nurse practitioners are reimbursed at 85% of Medicare rates in Indiana Medicaid.

Specialty Providers

Table 2 presents the number of the most commonly used adult specialty providers in HIP and HHW. As Table 2 demonstrates, as of December 1, 2015, there were 5,772 general internists, 4,784 family practitioners, and 3,014 Obstetrician/Gynecologists (OB/GYNs) in HIP. In HHW, there are there were 6,283 general internists, 4,988 family practitioners, and 3,239 OB/GYNs.

TABLE 2.		
Number of Specialty Providers in HIP and Hoosier Healthwise (HHW).		
Provider Type	HIP	HHW
General Internist	5,772	6,283
Family Practitioner	4,784	4,988
Obstetrician/Gynecologist	3,014	3,239

Additional Providers

It is important to note that the State has added approximately 4,657 additional IHCP/Medicaid providers of all types since the start of HIP 2.0.⁴ This accomplishment demonstrates the State's aggressive approach to ensuring quality access to health care to all Indiana Medicaid members.

⁴ Indiana Family and Social Services Administration. Department of Provider Relations. Provider enrollment from February 1, 2015 through November 30, 2015.

Time to Access Care

Data for “*time to access care*” will be gathered from member responses from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys conducted annually by Managed Care Entities (MCE). The State expects to receive CAHPS survey data from the MCEs in August, 2016. The State anticipates including an analysis of the CAHPS data in the Provider Payment Report due to CMS on September 30, 2016.

Conclusion

The available data indicate that the differential in provider payment rates between the HIP program and the HHW program has not resulted in unequal access to health care services. As Table 2 demonstrates, the number of the most commonly used adult specialty care providers in HIP and HHW are comparable.

Although there are a marginally higher number of PMPs in HIP compared to HHW, this is to be expected, as there are additional types of PMPs who are likely to serve the HIP population—such as geriatricians and internists—compared to the HHW population. For example, as the HHW population is comprised of mostly pregnant women, mothers and children, the most common types of PMPs within HHW are OB/GYNs and pediatricians. The HIP program, on the other hand, includes a variety of populations, including women (whose PMP may be an OB/GYN), 18-21 year-olds (whose PMP may be a pediatrician), middle-age adults (whose PMP may be a family practitioner or internist) and older adults (whose PMP may be a geriatrician). Thus, the higher number of PMPs in HIP compared to HHW can be attributed to the greater variety of PMPs within HIP, a variety which would not be applicable for HHW members.

As the data does not indicate unequal access to care, the State does not propose any corrective actions at this time. In addition, the State does not propose any incremental changes to the provider payment rates in either the HIP program or HHW at this time.

As stated previously, the State will evaluate “*time to access care*” once the CAHPS data is received from the MCEs, which is expected to occur in August, 2016. The State will include this information about access to care in the next Provider Payment Report. Indiana has and will continue to closely monitor access to care indicators in all of its Medicaid managed care programs to ensure members have the opportunity to receive needed services.