

ACCESS MONITORING REVIEW PLAN – 2016

Iowa

POST PUBLIC COMMENT, VERSION 2

10.03.2016

Initial Submission to CMS

Overview

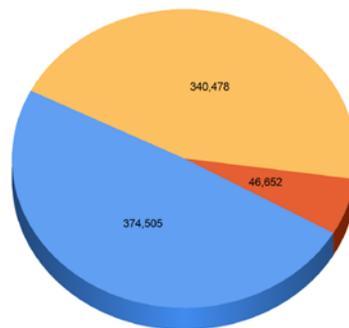
- The Iowa Medicaid program provides healthcare coverage for low-income individuals, including children, pregnant women, individuals with disabilities, elderly, parents and other adults. The Iowa Department of Human Services (DHS) is the single state agency that administers the Medicaid program within the state. In State Fiscal Year (SFY) 2015, the Iowa Medicaid program provided coverage to approximately 750,000 beneficiaries (unduplicated count, over the whole year) with total expenditures of approximately \$4.9 billion.
- Iowa is an average size state, with a total population of about 3.1 million. With 118 acute care hospitals and affiliated practices and a large network of rural health clinics and federally qualified health centers throughout the state, there are numerous options for Medicaid beneficiaries to receive healthcare.
- Iowa measures and monitors indicators of healthcare access to ensure that its Medicaid beneficiaries have access to care that is comparable to the general population.
- In accordance with 42 CFR 447.203, Iowa developed an access review monitoring plan for the following service categories provided under a fee-for-service (FFS) arrangement:
 - Primary care services
 - Physician specialist services
 - Behavioral health services
 - Obstetric services
 - Home health services
- The plan describes data that will be used to measure access to care for beneficiaries in FFS. The plan considers: the availability of Medicaid providers, utilization of Medicaid services and the extent to which Medicaid beneficiaries' healthcare needs are fully met.
- The plan was developed during the month of August 2016 and posted on the state Medicaid agency's website from August 31, 2016 – September 30, 2016 to allow for public inspection and feedback.
- The data organized for this report is intended to give a "base line" from which FFS can be monitored moving ahead.

Beneficiary Population

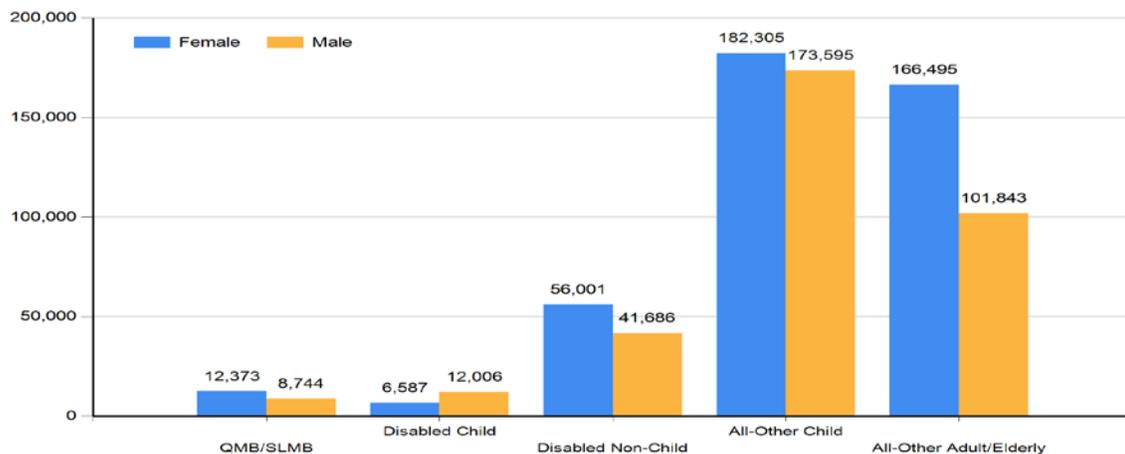
In 2015, the Iowa Medicaid program provided coverage to approximately 600,000 enrolled beneficiaries on a monthly basis. The two charts below capture all unique members with any enrollment in 2015. Approximately 8% of these beneficiaries were enrolled in comprehensive managed care in 2015, in select counties. Beginning on April 1, 2016, Iowa implemented a comprehensive, state-wide managed care strategy, called IA Health Link which provides comprehensive health care services including physical health, behavioral health and long term supports and services through three Managed Care Organizations. This initiative creates a single system of care to promote the delivery of efficient, coordinated and high quality health care and establishes accountability in health care coordination. Over 90% of all beneficiaries in Iowa are now covered under this approach. In reviewing this report and the information in the appendices, it is important to understand this major shift taking place in Iowa's Medicaid strategy. More information on the IA Health Link initiative can be found [here](#); in addition, new reporting mechanisms are being developed and published that can be found [here](#).

Medicaid Beneficiaries by Age Categories

0 to 21 Years Old 22 to 64 Years Old 65+ Years Old



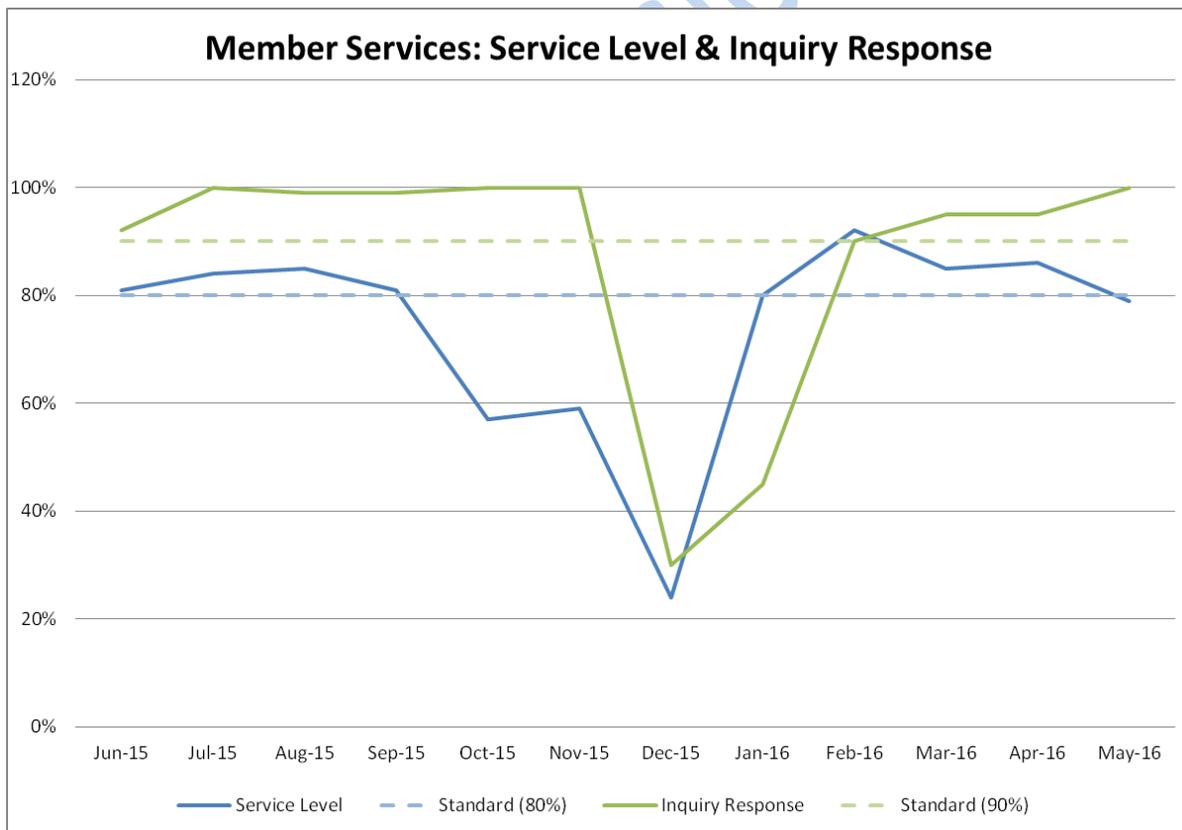
Medicaid Beneficiaries by Gender & Eligibility Category



Access Concerns Raised by Beneficiaries

Iowa operates a call center as a service to beneficiaries and as a way to engage and assist them with their needs. Each beneficiary's Medicaid card includes the toll-free number for the call center along with information about how to seek assistance if they have difficulty finding a provider or scheduling an appointment. The call center operates daily from 8am – 5pm. Calls into the call center are logged detailing the issues raised and the resolution. On a bi-weekly basis, a report is produced detailing the number of calls, the issues raised and the resolution of the issue, including the timeliness.

The majority of calls in which the beneficiary requests assistance with locating a provider are resolved immediately by call center staff. The table below tracks responsiveness to member calls and inquiries as compared to contractual expectations. You'll see the impact of the transition to managed care starting near the end of 2015; inquiries dramatically increased as members were guided through the process of understanding the new coverage options and selecting a plan under IA Health Link. Staffing was temporarily increased to accommodate the volume and these processes have generally recovered to normal.

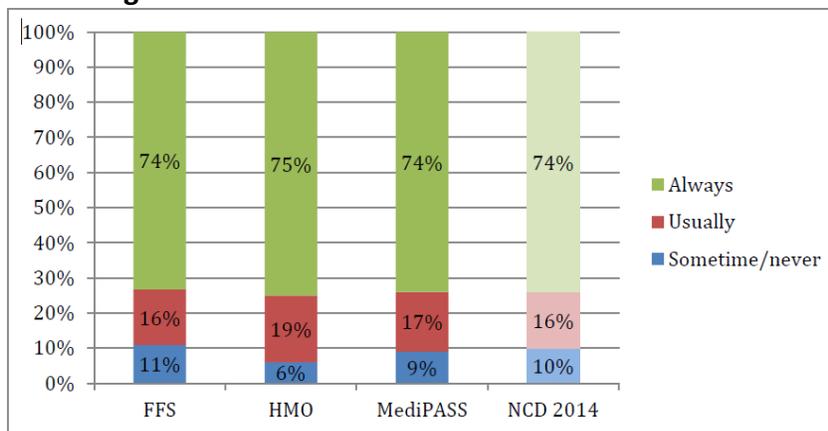


Beneficiary Perceptions of Access to Care

Iowa collects and analyzes the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys administered through CMS. Since the data is retrospective, it may not demonstrate current access, but it is an indicator for whether or not beneficiaries are able to access medical services when they are needed.

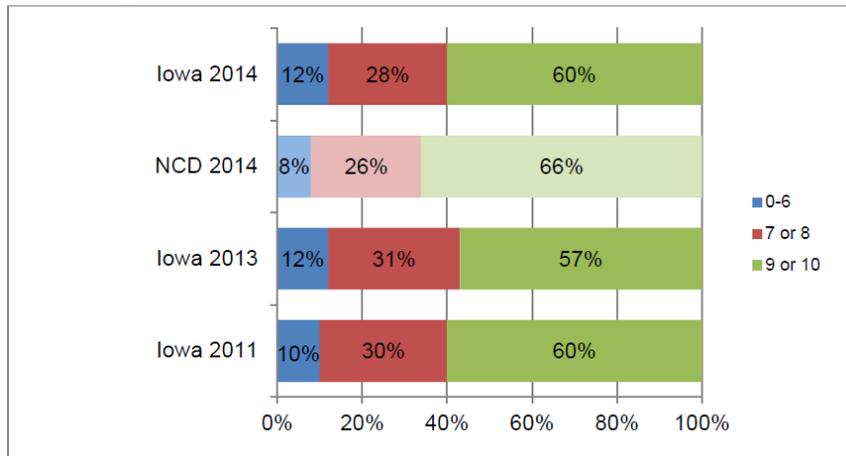
As shown below, Iowa beneficiaries were able to access needed care in a timely manner and that those beneficiaries were satisfied with their doctors at rates that similar to national averages.

2014 CAHPS: Access to Care for *Children*, Response to “Getting Care as Soon as Needed” Iowa Programs and National Benchmark



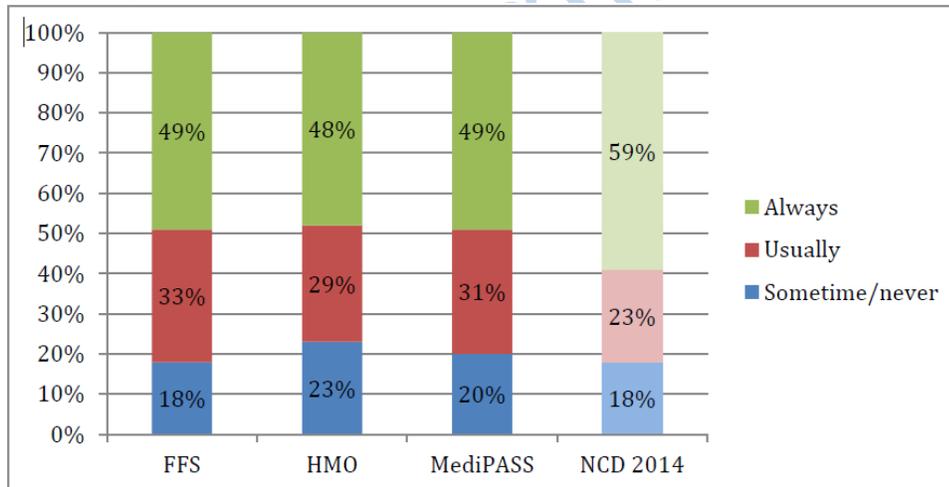
The CAHPS online reporting system that contains Comparative Data (NCD) for the CAHPS health programs uses these two items to assess getting care quickly. About seven in ten children (74%) always got care quickly. This is similar to the national CAHPS-NCD data. There were no differences across the programs.

**2014 CAHPS: Quality of Care for *Children*, Response to “Rating of All Healthcare”
Iowa Programs and National Benchmark**



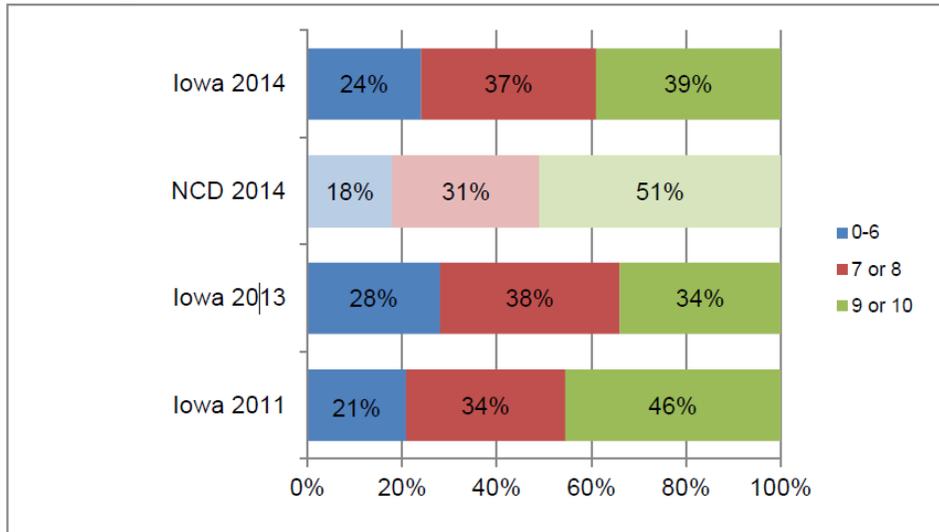
Overall rating of the care that children received remained quite high. On a 0-10 scale, care for 60% of children was rated either a 9 or 10. Results were slightly lower than for children nationally. There was no difference between children in MediPASS, HMO or FFS.

**2014 CAHPS: Access to Care for *Adults*, Response to “Getting Care as Soon as Needed”
Iowa Programs and National Benchmark**



The CAHPS health programs composite score uses these two items to assess getting care quickly. About half of these adults (49%) always got care quickly. This is lower than the national CAHPS-NCD data. The composite scores are shown in the Figure 3-4. There were no differences across the programs.

**2014 CAHPS: Quality of Care for Adults, Response to “Rating of All Healthcare”
Iowa Programs and National Benchmark**



The overall rating of health care for adults was higher than the 2013 rating, but lower than the national data.

Comparison of Medicaid and Medicare Payment Rates

This table below compares Medicaid and Medicare payment rates for CY 2016 for some common procedures. Overall, Iowa’s payment rates are approximately 87% of the existing Medicare rates. Generally, within FFS, the state has not experienced any changes in provider enrollment and availability or any changes in the beneficiaries’ ability to access services.

Proc Code	Procedure Description	CY 2016 Iowa Medicaid Non-Facility Rate	CY 2016 Medicare Non-Facility Rate	Medicaid % of Medicare Rate
99201	Office/outpatient visit new	\$36.82	\$40.53	91%
99202	Office/outpatient visit new	\$57.82	\$69.68	83%
99203	Office/outpatient visit new	\$81.37	\$100.65	81%
99204	Office/outpatient visit new	\$117.82	\$154.73	76%
99205	Office/outpatient visit new	\$146.89	\$194.33	76%
99211	Office/outpatient visit est	\$18.10	\$18.49	98%
99212	Office/outpatient visit est	\$31.36	\$40.35	78%
99213	Office/outpatient visit est	\$43.23	\$68.37	63%
99214	Office/outpatient visit est	\$66.80	\$101.03	66%
99215	Office/outpatient visit est	\$99.95	\$136.26	73%
	Office Outpatient Services Average	\$70.02	\$92.44	78%

Provider Specific Analysis of Access to Care

2014 CAHPS ratings reported most children in Medicaid had a personal doctor (87%), and about one in six parents reported that their child always (57%) received timely care. Adult health status was rated lower than for children and was relatively consistent over time and programs. Access to care includes comparisons of: availability, geo-mapping of providers and members, HEDIS and CAHPS measures, if applicable, and comparative analysis of Medicaid and Medicare payment rates

The provider types for which specific analyses of access to care were performed include:

- Primary Care Providers – see Appendix A
- Physician Specialists – see Appendix B.
- Behavioral Health Providers - see Appendix C
- Obstetrics/Gynecologist Providers – see Appendix D
- Home Health Providers – see Appendix E
- Primary and Specialty Care Counts by County and Region – see Appendix F
- Comparison of Medicaid and Medicare Payment Rates – see Appendix G

Data Sources:

- Medicaid provider enrollment system
- Medicaid claims payment data (MMIS)
- Results of CAHPS survey (access-related questions)
- Medicaid beneficiary enrollment system
- 2016 Medicare and Medicaid fee schedule