

The Florida Medicaid MediPass Program: Current Issues

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Background

MediPass:

- Established in 1991
- Primary care case management program
- Core elements have remained unchanged
 - Select/ assigned PCP
 - PCP receives \$3 PMPM + FFS
- Intended to be managed care program
 - In practice, more similar to FFS

MediPass Evaluation

In 2004, AHCA contracted with the Florida Center for Medicaid and the Uninsured:

- To interview providers about their experiences with the program
- To interview agency staff about program structure and administration

Study Methods (I)

- Interviewed MediPass staff at seven AHCA area offices.
- Interviews were intended to gather information about:
 - programmatic and policy changes
 - administrative challenges associated with the program
 - recommendations for further changes.

Study Methods (II)

Interviewed 15 PCP providers throughout the state:

- 1 interview → Health Department
- 6 interviews → Pediatricians' offices
- 8 interviews → General/Family/Internal Medicine practice offices

Study Findings

A common theme emerged throughout the interviews.

“We have a social mission, one of advocacy for sick low-income people.” Physician Office Manager

Findings: Overview

MediPass appears to be large and difficult to manage

- Confusion about the role of disease management organizations
- Lack coordination of care e.g. managing provider authorizations
- The adequacy and appropriateness of the \$3 case management fee
- The unavailability of certain kinds of specialist physicians

Disease Management Organizations

- MediPass beneficiaries who have been diagnosed with diabetes, HIV/AIDS, asthma, congestive heart failure, hemophilia, and end-stage renal disease
- Promote and measure: health outcomes, improved care, reduced inpatient hospitalization, reduced emergency room visits, reduced costs, and better educated providers and patients

Providers and staff had mixed views on the value of the DMO programs to the MediPass program.

- Providers experienced with the DMOs acknowledged that it appeared to enhance patient satisfaction
- Area offices could recount stories of patients who have benefited from the program

Providers and staff had mixed views on the value of the DMO programs to the MediPass program.

Concerns:

Little integration of DMOs into MediPass and structural limitations to integrating

- Providers recalled little educational materials or other programmatic information from the DMOs
- DMOs were confusing to elderly patients when they receive communication from both their DMO and MediPass
- Providers could not recall an encounter with a caseworker

Provider Authorizations

Concerns:

- Several providers' offices complained about the time involved in the authorization process.
- Doctors themselves not involved in the authorization process
 - Evolved into a process of exchanging authorization numbers

Primary Care Physicians

Comments from area office coordinators:

- The number of PCPs in their areas is generally adequate (on paper)
- Several jurisdictions are problematic and could use more PCPs.
 - Monroe County, Volusia County, and Flagler Counties were mentioned as lacking sufficient PCPs

Specialty Physicians

- Access to specialty care in MediPass is a significant problem statewide
- Specialties that are problematic include: orthodontics, dermatology, neurology, dental, orthopedics, ENT, oral surgery, and pain management

Case Management Fee

In return for a \$3 case management fee and in addition to fee-for-service reimbursement, providers agree to provide:

- Primary care services
- Referrals for specialty care
- Follow the results of the referral
- Maintain overall responsibility for the health of the beneficiaries on their panel
 - Contacting new enrollees to arrange for an initial preventive screening appointment
 - Maintain patient records
 - Provide 24-hour coverage

Case Management Fee

Several physicians noted that the \$3 fee does not sufficiently cover the patient case management services they are expected to provide.

- “It isn’t even close enough to cover all of the work involved.”
- Our office is “giving all it has got to support the patients and \$3 is not enough to cover this.”

Case Management Fee

Area offices concerns:

- many physicians do not appropriately manage their patients and therefore should not be eligible for a case management fee.
- MediPass as currently configured offers few mechanisms to hold doctors accountable for ensuring that appropriate case management and primary care services are delivered.

Summary: MediPass

Pros

- Reasonable PCP coverage
 - Fills in HMO gaps in some rural areas

Cons

- No accountability
 - No real incentives for physician performance
 - No 'real' controls on utilization – confusion on case management fee
- Disease management program not fully integrated
- Specialty network insufficient

Questions

Provider Service Networks and Minority Physician Networks

- Minority Physician Networks
 - Networks of Primary Care Providers
 - Strong utilization and provider profiling management activities
- Provider Service Networks
 - Integrated delivery system owned and operated Florida hospitals and physician groups
 - Disease management

MPNs and PSN: Early Evidence

- Cost savings
- Disease management within the PSN context appears to improve health outcomes
- MPN providers like getting beneficiary utilization information
- Management of networks occurs at the local level
 - Shifting of some administrative functions to the network