Medicaid Acceptance In Specialty Care

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BACKGROUND

- Medicaid is the largest health insurer in the United States, with about 1 in 5 Coloradans covered under it.
- There is a large gap in access to specialty care for people insured by Medicaid.
- There is a lack of prior research assessing the causes for this disparity.

METHODS

- Partnership with Mile High Health Alliance
- Literature Review
- Stakeholder Meetings

ISSUES IN ACCEPTANCE

- Lack of Specialty Care Access:
  - Longer specialist wait times for Medicaid than privately insured
  - Worse disease severity, more hospitalizations and exacerbations, differences in procedural recommendations
- Billing Complexity
  - Low reimbursement rates- this is something that all interested parties agree upon
  - Medicaid billing is complex and interrupts office workflow
  - Misconception that Medicaid increases cost to the healthcare system
  - CO Department of Healthcare Policy and Financing states that they pay providers within 7 days- this is a disconnect between providers and the Medicaid office
- Bias Against Patients on Medicaid
  - Idea of Medicaid patients as more socially and medically complex with poor adherence to recommendations
  - Concern that patients are taking advantage of the system
  - Stigmatization is linked to poorer health outcomes

QUOTES AND RESULTS

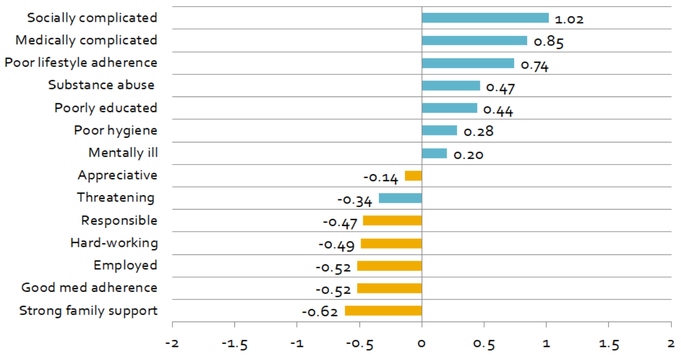
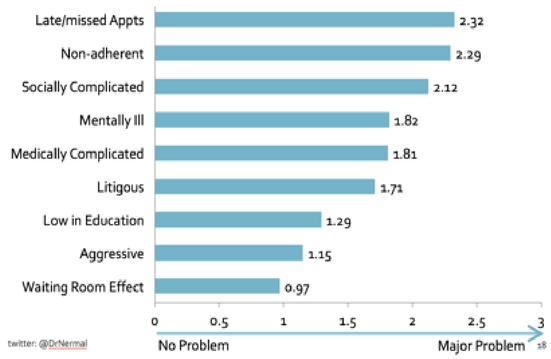
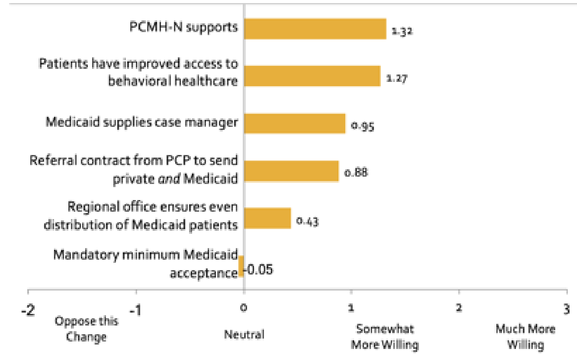


FIGURE 1 (left). Physician attitudes about Medicaid patients. Zero = indifferent, negative = disagreement, positive = agreement.

FIGURE 2 (below). A. Specialty physician attitudes about how large specific problems are for their practice. B. Specialty physician willingness to accept additional Medicaid patients given systemic changes are made.





"They don't bring their copays! Most have more financial support than they admitted - smoke/nice jewelry and clothes, etc. Fed/state pays better than working - why should they work?" (Niess MA, 2018)

"I have not been paid for Medicaid patients that I have seen to remove a skin cancer for 1.5 years. My staff has spent countless hours to address issues in payment and revalidation. Just for these reasons I am considering discontinuing taking any Medicaid patients… I have been quite frustrated with Medicaid and the cumbersome problems. It is NOT the patient population itself… in fact, these patients are a delight to work with in my practice. It is Medicaid that is a problem…." (Niess MA, 2018)

"I think that the kind of insurance you have identifies you as what kind of group you fall in. [Having Medicaid puts me into the] broke, poor class, the class that is welfare class. The doctor who's sitting there, he's definitely upper class. Probably sees me coming in and says, man, I am paying for this." (Allen, Wright, Harding, & Broffman, 2014)

A THREE-PRONGED APPROACH

- Care Coordination and Patient Navigation
  - Providing resources to help patients navigate the medical system including scheduling, finding transportation, and helping to get translator services for those that need it
- Policy Change
  - Increasing reimbursement rates
  - Increasing speed of reimbursement (shortening the time between billing and getting paid)
  - Decreasing billing complexity
- Education
  - Increasing knowledge about the challenges Medicaid patients face in an effort to reduce bias
  - Teaching future physicians about billing and insurance coverage

CONFLICTS OF INTEREST

- Authors collaborated with Mile High Health Alliance
- No regulatory approval was needed

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KEY REFERENCES

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