Medicaid Acceptance In Specialty Care

**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 Medicaid office
- Disagreement that Medicaid patients itself… in fact, these patients are a problem….” (Niess MA, 2018)

**QUOTES AND RESULTS**

- “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)

**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**