

# Access Monitoring Review Plan - 2016

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State of Idaho:

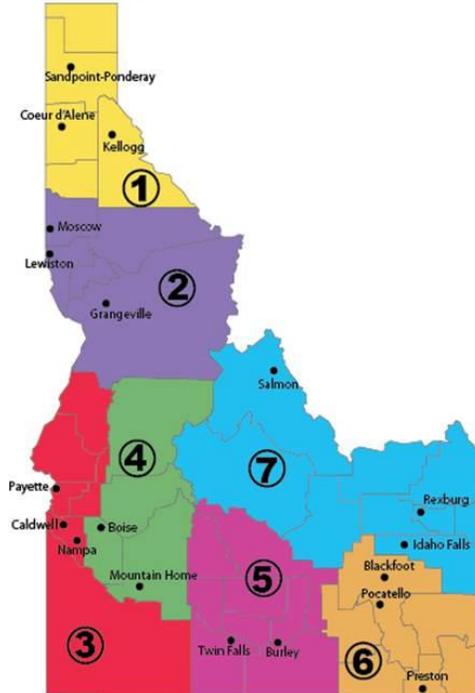
Idaho Department of Health & Welfare

Division of Medicaid

## Overview

The State of Idaho Medicaid program administers comprehensive healthcare coverage, in accordance with Titles XIX and XXI of the Social Security Act and state statute, for low-income families, including children, pregnant women, the elderly, and people with disabilities. The Medicaid program is operated through the Idaho Department of Health and Welfare (IDHW): Division of Medicaid. The State of Idaho Medicaid program served, on average, approximately 280,000 individuals per month during Calendar Year (CY) 2014. Total expenditures for fee-for-service (FFS) claims incurred during 2014 totaled approximately \$1.5 billion. In order to facilitate program operations, Idaho Medicaid operates on a regional level. The state is organized into seven regions, as shown in Figure 1 below. Some bordering cities are included in Idaho's regions; for example, Spokane, Washington, is counted as a part of Region 1.

**Figure 1: Idaho Department of Health & Welfare:  
Regional Map**



The State of Idaho is a northwestern, rural state. Census estimates for 2014 place Idaho's total population at 1.6 million<sup>1</sup>, and 2010 Census data placed Idaho at 46<sup>th</sup> in the nation for population density, with approximately 19.0 people per square mile<sup>2</sup>. The Association of American Medical Colleges ranked Idaho 49<sup>th</sup> in the nation for Active Physicians per 100,000 Population, and 46<sup>th</sup> for Active Primary Care Physicians for 100,000 Population<sup>3</sup>. The U.S. has, on average, 265.5 physicians and 91.1 Primary Care physicians per 100,000 Population, while Idaho had 189.6 Active Physicians and 72.1 Active Primary Care Physicians per 100,000 Population<sup>3</sup>. According to the U.S. Department of Health & Human Services, Health Resources and Services Administration, Idaho has 256 Health Professional Shortage Areas (HPAS) and 44

Medically Underserved Areas/Populations<sup>4</sup>. Figure 2, below, shows a map—produced by the IDHW Bureau of Rural Health & Primary Care: Division of Public Health—of the Primary Care HPSAs in Idaho<sup>5</sup>.

**Figure 2: Idaho Primary Care Health Professional Shortage Areas**



In accordance with 42 CFR 447.203, the State of Idaho Division of Medicaid developed an access review monitoring plan for the following service categories provided under a FFS arrangement:

- Primary Care
- Physician Specialists
- Pre-/Post-Natal Obstetrics
- Home Health

Behavioral health services are operated under a managed-care delivery model and thus not included in this review.

Idaho Medicaid chose to conduct its access review using provider specialty to define the service groups. This is not a perfect method of stratifying claims, as a provider may treat more than one condition. For example, some individuals may have been seen for pregnancy by their Primary Care provider, while other beneficiaries may choose to have their OB/GYN act as their

Primary Care provider. However, Idaho Medicaid believes these instances are the exception rather than the rule and using provider specialty is the most accurate method Idaho Medicaid has of classifying claims and providers into such service groups.

The plan was developed between March and August 2016 and posted on the IDHW website for public comment between August 18 and September 16, 2016. Unless otherwise noted, all data comes from the Medicaid Management Information System (MMIS). Idaho's MMIS data contractor is Truven Health Analytics. The Decision Support System (DSS) and Cognos reporting tool were used for this analysis.

### **Beneficiary Population**

During 2014, the Idaho Medicaid program served approximately 280,000 individuals per month and a total of 342,796 unique beneficiaries throughout the year. This includes all individuals eligible for Medicaid at any point during 2014, in addition to Medicare beneficiaries for whom Idaho Medicaid paid Medicare premiums, deductibles, and copays/coinsurance. Figure 3, below, shows the age breakout of Idaho Medicaid beneficiaries. Age was categorized as the beneficiary's age as of December 31, 2014. The majority (64%) of Idaho Medicaid beneficiaries is children 0-18, and over 90% are under the age of 65.

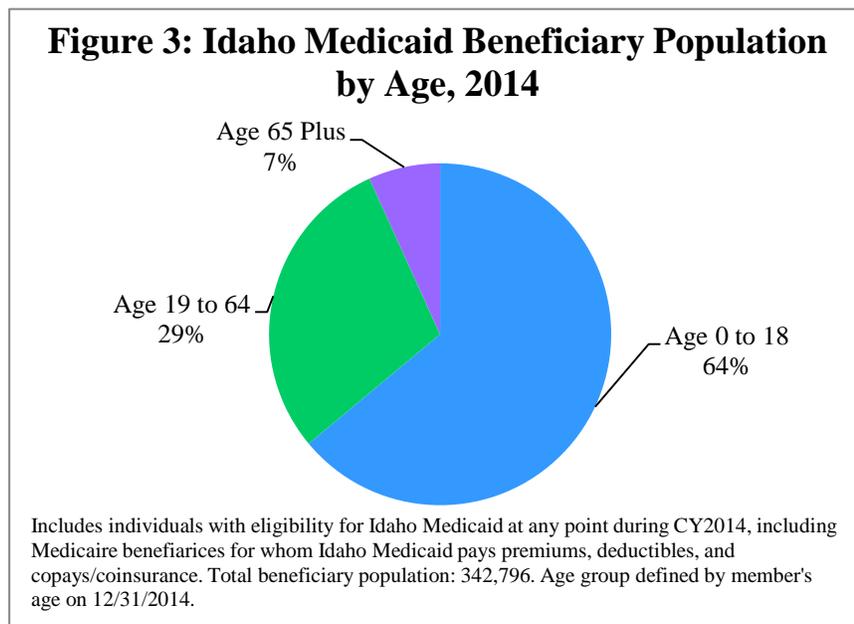


Figure 4, below, shows the distribution of Idaho Medicaid beneficiaries by region. Region is determined by the mailing address reported by the beneficiary. The Idaho Medicaid eligibility system does not require a residence address for participants; therefore, mailing address is considered the address of record for reporting purposes. The reporting system only captures the most recent address for participants. Forty percent of Idaho Medicaid beneficiaries report a

mailing address in Region 3 or 4. Region 2 has the smallest proportion of beneficiaries, and six percent of beneficiaries reported a mailing address out of the state.

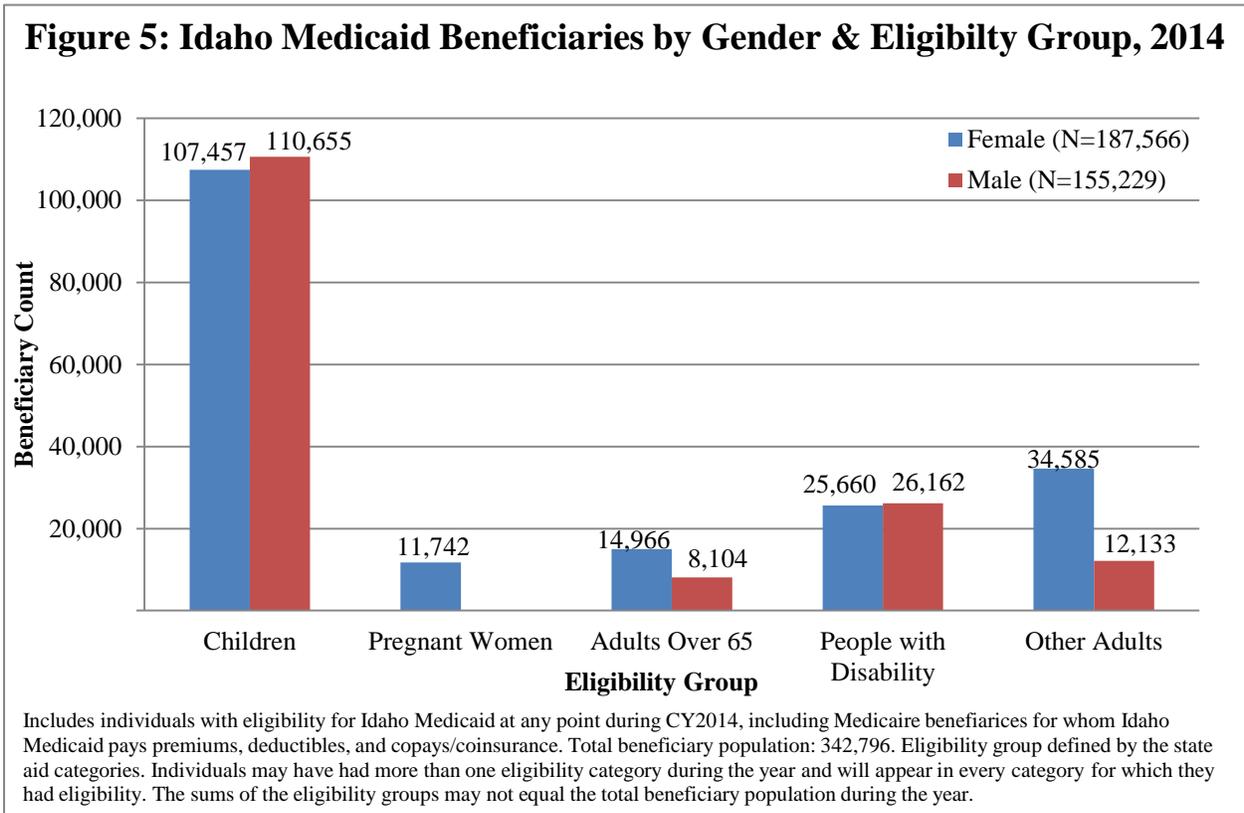
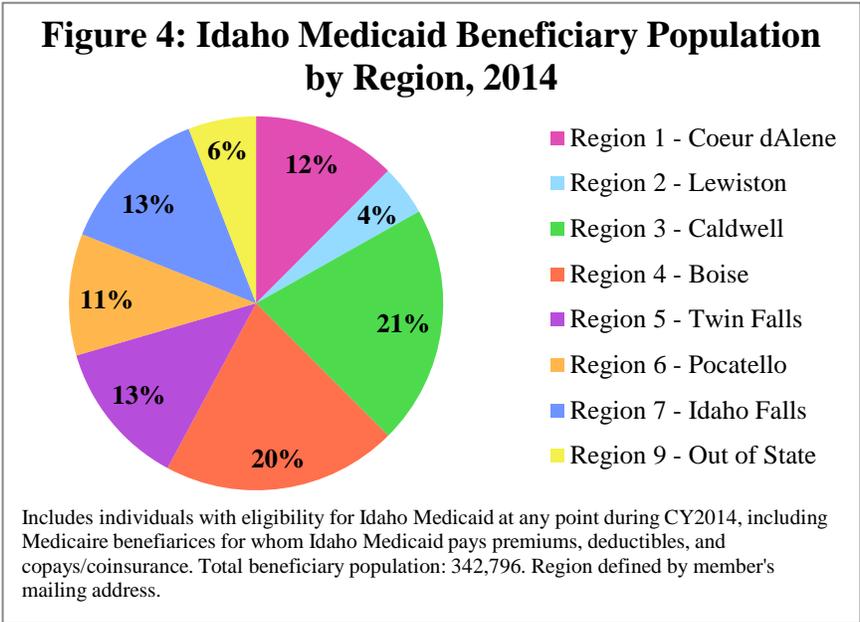
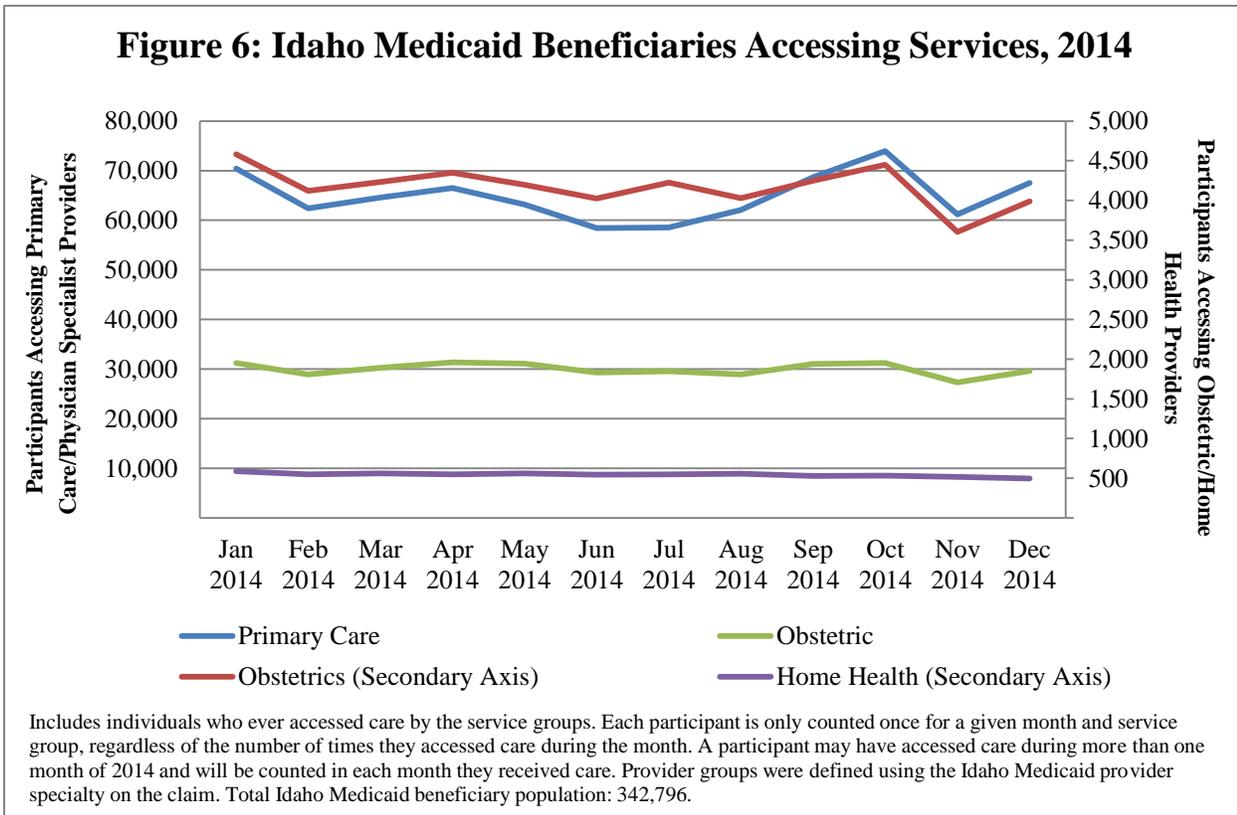


Figure 5, above, shows the gender and eligibility breakdown of Idaho Medicaid beneficiaries. Eligibility groups are defined by the Idaho Medicaid aid codes used to determine the basis of eligibility. Slightly more Idaho Medicaid beneficiaries are female (55%) than male (45%). The largest differences in gender by eligibility group are seen in the “Other Adults” category and for those above the age of 65 (excluding the female-only, pregnant women category).

Figure 6, below, shows the number of Idaho Medicaid beneficiaries who accessed Primary Care, Physician Specialist, Pre-/Post-Natal Obstetric, and Home Health providers (defined by Idaho Medicaid provider specialties) throughout 2014. Beneficiaries are only counted once per provider group each month, regardless of the number of times they accessed care during the month. Additionally, beneficiaries are counted for every month in which they accessed care. The number of beneficiaries accessing Primary Care and Obstetric providers followed very similar trends, and utilization of both provider groups peaked in October of 2014. The number of beneficiaries accessing Physician Specialist providers remained fairly consistent during 2014, and the number of beneficiaries accessing Home Health providers experienced a slight decrease through the year.

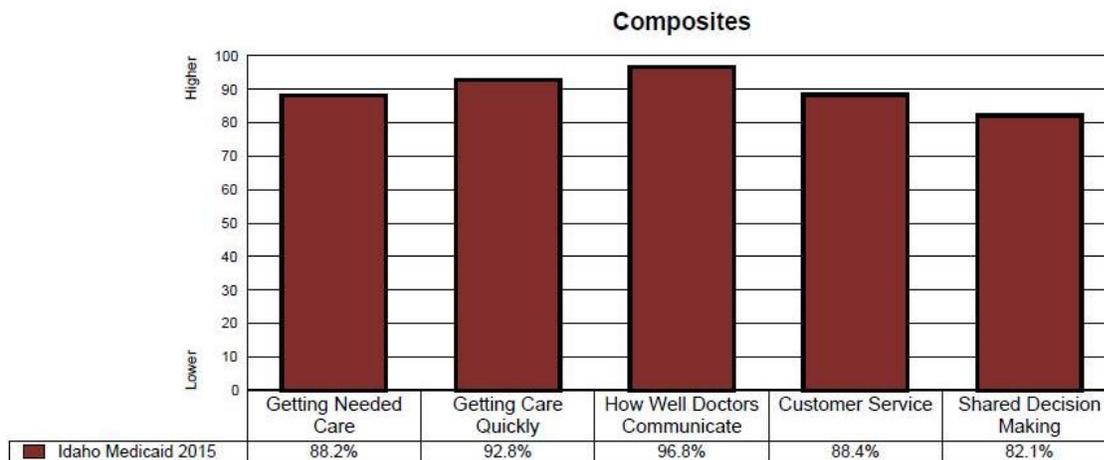


Idaho Medicaid conducts a Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey of the state’s Children’s Health Insurance Program (CHIP). While the CHIP program does not represent the entire Idaho Medicaid beneficiary population, given the nature of the Idaho Medicaid age distribution (i.e., heavily weighted toward children), the CHIP beneficiaries’ experiences are likely reflective of the majority of Idaho Medicaid beneficiaries.

The CAHPS® survey was conducted from July 13, 2015 through September 8, 2015. Children enrolled with Idaho Medicaid for at least 6 months as of December 31, 2014, with a gap in enrollment of no more than 45 days, were eligible for the survey. A random sample of 1,650 cases was selected, and ultimately, 615 responses were collected.

The Idaho Medicaid composite scores for all five domains shown below (Figure 7) were greater than 82%. The composite for “Getting Needed Care” was 88.2%, and the composite for “Getting Care Quickly” was 92.8%.

**Figure 7: Idaho Medicaid Composite Scores from 2015 CAHPS® Survey of CHIP Population**



On individual CAHPS® survey questions, 85% of respondents reported their child has a personal doctor, 95% reported their child was “Always” or “Usually” able to get care as soon as their child needed it when their child needed care right away, and 93% reported their child was “Always” or “Usually” able to get the care, test, or treatment their child needed. In questions regarding specialist care, 17% of respondents reported their child had seen a specialist, and 83% of those respondents reported their child was able to get an appointment with the specialist as soon as they needed. Overall, nearly half (49%) of respondents ranked Idaho Medicaid as the “Best Health Plan Possible” on a scale from 0-10, and 82.7% ranked Idaho Medicaid as at least an 8 on the 0-10 scale.

In the DSS reporting tool used by Idaho Medicaid, Truven Health Analytics has pre-defined benchmark measures. These benchmarks are calculated for Idaho Medicaid data in

addition to other state and private organizations that contract with Truven. These benchmarks allow Idaho Medicaid to compare certain utilization trends, at the member-level, to an overall Medicaid and U.S. Total (which includes private payers) benchmark. Idaho Medicaid is not able to determine which specific organizations are a part of these benchmark measures.

Table 1, below, shows the number of individuals accessing any medical care during 2014 per 1,000 total individuals with coverage, and the average net payment for medical services per beneficiary per year. Idaho Medicaid numbers are shown along with the most recently available Medicaid & U.S. Total benchmarks.

<b>Table 1: Utilization and Net Payment for Idaho Medicaid Members Compared to Other Medicaid and Private Payer Organizations, 2014.</b>						
Age Group	Beneficiaries Accessing Medical Care per 1,000 Total Beneficiaries with Medical Coverage			Average Net Payment for Medical Services per Beneficiary per Year		
	Idaho Medicaid	Medicaid Benchmark	U.S. Total Benchmark	Idaho Medicaid	Medicaid Benchmark	U.S. Total Benchmark
0-18	819.1	771.3	755.3	\$1,827.34	\$3,611.99	\$2,095.25
19-64	775.0	705.9	713.8	\$7,036.07	\$9,142.79	\$3,433.03
65 Plus	709.9	465.7	770.4	\$9,620.07	\$10,012.55	\$3,455.30

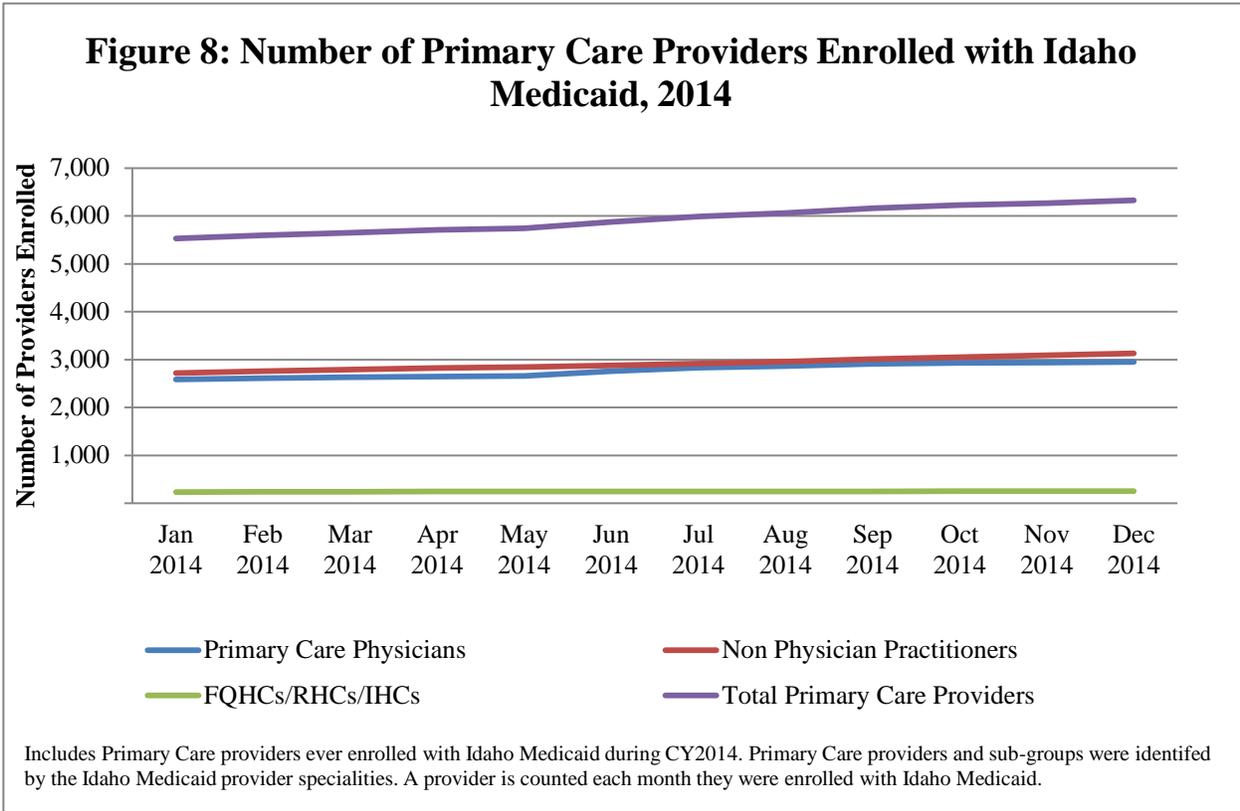
Idaho Medicaid has more beneficiaries accessing medical care per 1,000 total beneficiaries than the overall Medicaid and U.S. Total benchmarks for beneficiaries 64 years of age and younger. For individuals above the age of 65, Idaho Medicaid has more beneficiaries accessing medical providers than the Medicaid Benchmark and is slightly less than the U.S. Total Benchmark.

In expenditures, Idaho Medicaid spends less on medical services for beneficiaries of all ages than the Medicaid benchmark and less than the U.S. Total benchmark for individuals under the age of 18. The U.S. Total Benchmark for medical expenditures for adults, especially adults above the age of 65, is much lower than the Idaho Medicaid or overall Medicaid benchmark expenditures. It is likely this difference is due to the variance in services covered by Medicaid versus primary insurance, and, for adults over the age of 65, Medicare will be the primary payer and not represented in the U.S. Total expenditures benchmark.

Although Idaho Medicaid spends less on medical services per beneficiary than the Medicaid benchmark, this does not appear to negatively impact Idaho Medicaid beneficiaries' access to medical care, as evidenced by the fact more Idaho Medicaid beneficiaries are accessing care than the Medicaid benchmark. The difference in expenditures may be due to regional differences in payment amounts. As noted before, Idaho Medicaid cannot determine which Medicaid organizations are included in the benchmark, so this supposition cannot be confirmed or limited to Medicaid organizations in close proximity or with similar demographics to Idaho.

**Review Analysis of Primary Care Providers**

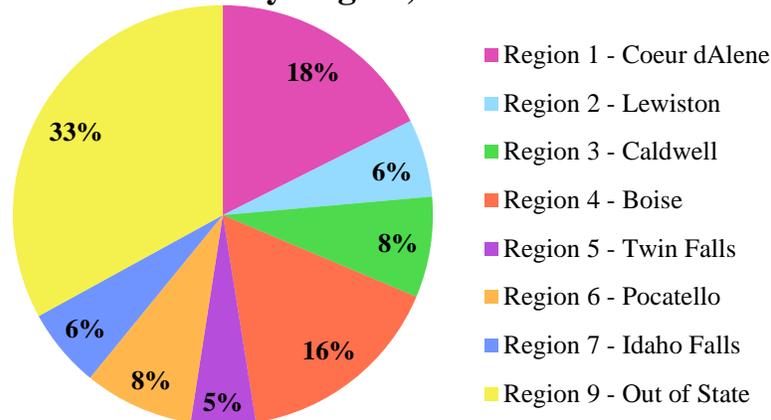
Primary Care providers were defined by Idaho Medicaid provider specialties. Specialties considered primary care included physicians with specialties such as family medicine, general medicine, pediatrics, etc., nurse practitioners, including those with focuses in areas such as primary care, family health, pediatrics, etc., physician assistants, Federally-Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Indian Health Services Clinics (IHCs). Figure 8, below, shows the number of Primary Care providers enrolled with Idaho Medicaid each month during 2014.



The number of Primary Care providers enrolled with Idaho Medicaid increased during 2014. There were slightly more non-physician practitioners than physicians enrolled with Idaho Medicaid as Primary Care providers. The number of FQHCs, RHCs, and IHCs remained level through the year. On average, slightly less than 6,000 Primary Care providers were enrolled each month with Idaho Medicaid during 2014.

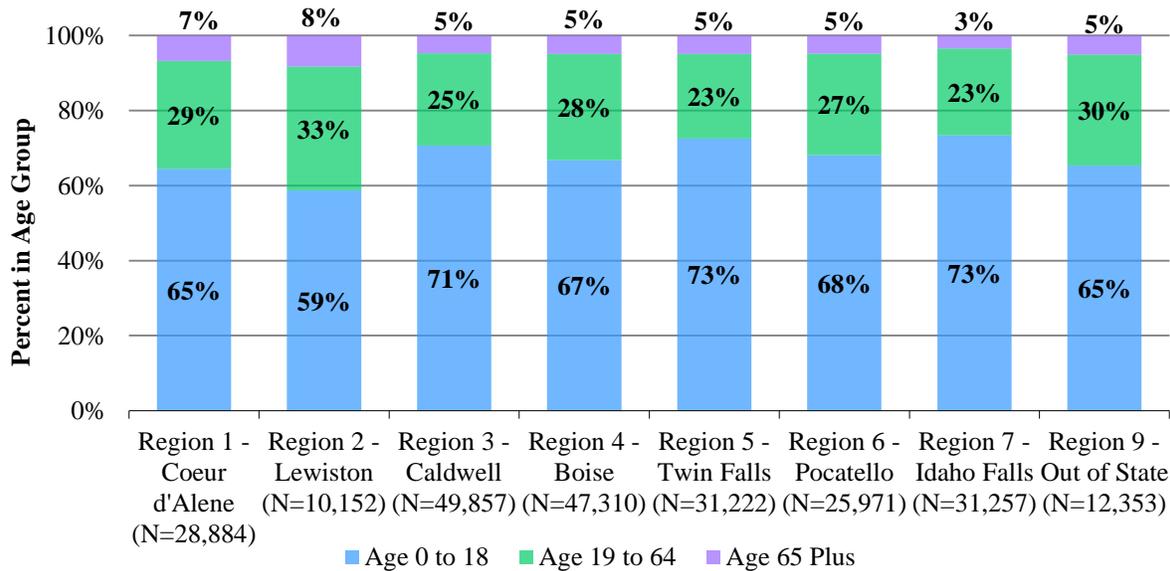
Figure 9, below, shows most Primary Care providers in Idaho report a physical address in Regions 1 & Region 4. One third of enrolled Primary Care providers are not located in the state of Idaho. The bulk of out-of-state Primary Care providers enrolled with Idaho Medicaid are physicians located in major metropolitan areas of surrounding states, such as Portland, Salt Lake City, and Seattle.

**Figure 9: Idaho Medicaid Primary Care Providers by Region, 2014**



Includes Primary Care providers enrolled with Idaho Medicaid at any point during CY2014. Total Primary Care providers: 6,333. Primary Care providers identified by Idaho Medicaid specialty. Region defined by provider's physical address.

**Figure 10: Idaho Medicaid Beneficiaries Accessing Primary Care Services, by Age & Region, 2014**



Includes Idaho Medicaid beneficiaries who ever accessed a Primary Care provider during 2014 (Total N=237,010). Age groups defined by member's age on 12/31/2014. Region defined by member's mailing address. Primary Care providers identified by Idaho Medicaid provider specialty on the claim.

Figure 10, above, indicates there is not a substantial variation in the age of members accessing Primary Care providers by the member's mailing region. The distribution fairly closely follows the overall distribution of Idaho Medicaid beneficiaries' ages; there is, however, a slight skew towards children accessing Primary Care providers compared to adults 65 years of age and older. The number of individuals accessing care by region also follows the distribution of

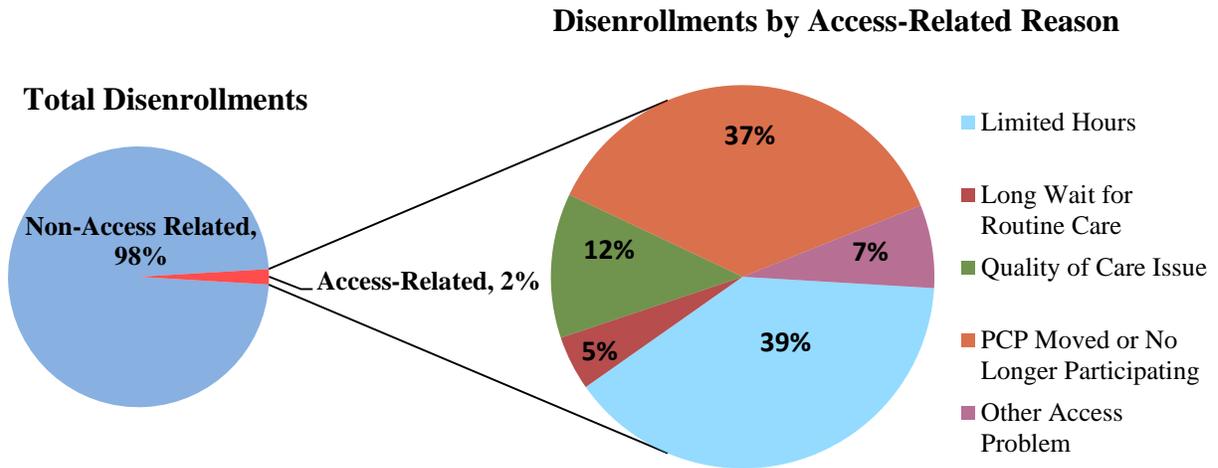
beneficiaries in the state. The largest numbers of beneficiaries accessing care are from Region 3 and Region 4, while Region 2 has the smallest number of beneficiaries accessing Primary Care providers.

Idaho Medicaid operates a Primary Care Case Management (PCCM) program where participants are enrolled with a primary care provider (PCP), and the PCCM clinic is paid a monthly case management payment to coordinate the beneficiaries' care. Enrollment in the PCCM program is mandatory for most Idaho Medicaid beneficiaries; enrollment exemptions include beneficiaries enrolled in other care coordination programs (such as the Medicare-Medicaid Coordinated Plan), beneficiaries who have a PCP that is not participating in the PCCM program, and beneficiaries who do not have participating PCPs in close proximity to their residence. Whenever a member leaves a PCP (including to transition care to a new PCP), a disenrollment action and reason are recorded. Disenrollment reasons are self-reported by the beneficiary. In 2014, there were 119,913 disenrollment actions.

Figure 11, below, shows the distribution of disenrollments by whether or not the disenrollment was access-related. Disenrollment reasons were categorized as access-related by PCCM program and data analytics staff. Reasons that were considered access-related included limited hours, long wait periods, quality of care issues, clinics closing, or a provider leaving the clinic or program. Reasons that were not considered access-related included member's aging out of a provider type (e.g., a pediatrician), a member moving to a different provider at the same clinic, a member moving to a different Idaho Medicaid program, etc. Only 2% of disenrollments were due to access-related reasons. The vast majority of those access-related disenrollments were due to limited hours or a PCP moving/no longer participating in the PCCM program. 98% of disenrollments were not related to access—70% of these disenrollments were from a member moving from one PCP at a clinic to a different PCP at the same clinic.

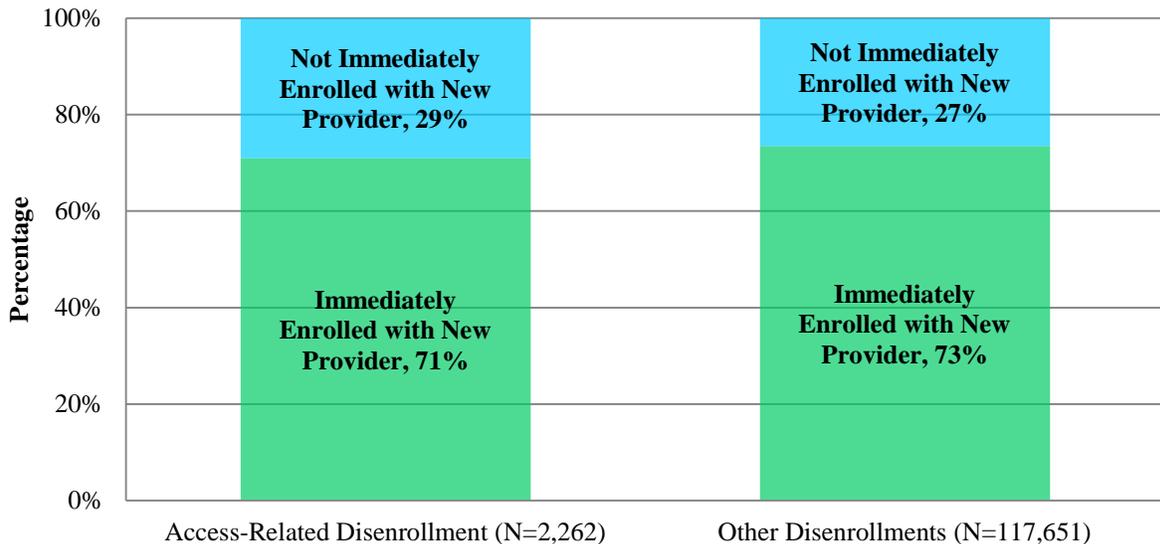
Figure 12, below, shows in over 70% of disenrollment actions members were enrolled with a different PCP with no gap in coverage. That is, a member's enrollment with a PCP was termed and their enrollment with a new PCP started the following day. The re-enrollment rate was similar for both access-related and non-access related disenrollments. Some of the delays in re-enrollments are due to system limitations that required a new enrollment to begin on the first day of the following month.

**Figure 11: Disenrollments from Idaho Medicaid Primary Care Case Management (PCCM) Clinic, 2014**



Includes Idaho Medicaid beneficiaries enrolled with a Primary Care Case Management (PCCM) program who disenrolled from a Primary Care provider during 2014 (N: 119,913). Disenrollment actions are grouped by whether the reason was access-related or for other reasons. Access-related disenrollments are further broken out by the most common access reason report. Percentage of access-related reasons are percents of access-related disenrollments only (N: 2,262).

**Figure 12: Disenrollment from Primary Care Provider by Re-Enrollment Status, 2014**



Includes Idaho Medicaid beneficiaries enrolled with a Primary Care Case Management (PCCM) program who disenrolled from a Primary Care provider during 2014 (N: 119,913). Immediate enrollment with a different provider was defined as no gap between enrollment (the new enrollment segment started the day after the previous segment ended). Members may have had more than one disenrollment action during a year and each disenrollment is counted separately based on whether the member was immediately enrolled with a new provider.

Table 2, below, shows Idaho Medicaid utilization rates for Primary Care providers during 2014. The DSS benchmark measures available to Idaho Medicaid cannot be stratified by claims measures, so Idaho Medicaid cannot compare the data below to other payers. Overall, 69% of beneficiaries ever enrolled with Idaho Medicaid during 2014 accessed Primary Care providers at least once during the year. The percent of beneficiaries accessing Primary Care providers was greatest among children (74% of children aged 0-18 years) and decreased with the age of beneficiaries (52% of beneficiaries aged 65 years and older). Beneficiaries accessing Primary Care providers had, on average, 4.5 Primary Care claims during 2014.

Table 3, below, shows Idaho Medicaid expenditures for Primary Care providers during 2014. Overall, Idaho Medicaid spent \$85.5 million on over 1 million claims to Primary Care providers in 2014. On average, Idaho Medicaid spent \$79.75 per Primary Care claim, with the highest reimbursement among children 0-18 years (\$88.00 per claim). Idaho Medicaid spent approximately \$360.79 per beneficiary for Primary Care providers during 2014. The lower reimbursement among beneficiaries aged 65 years and older is likely due to Medicare being the primary payer on these claims.

<b>Table 2: Idaho Medicaid Utilization of Primary Care Providers, 2014.</b>				
Age Group	Total Beneficiaries	Beneficiaries Accessing Primary Care Providers	% of Beneficiaries Accessing Primary Care Providers	Average Claims per Beneficiary
0-18	219,207	162,794	74.3%	3.9
19-64	100,349	62,209	62.0%	5.9
65 Plus	23,240	12,003	51.6%	6.2
<b>Total</b>	<b>342,796</b>	<b>237,006</b>	<b>69.1%</b>	<b>4.5</b>
**Primary Care providers identified by Idaho Medicaid provider specialty on the claim. Average claims per beneficiary include only beneficiaries who accessed Primary Care providers during 2014.**				

<b>Table 3: Idaho Medicaid Expenditures for Primary Care Providers, 2014.</b>			
Age Group	Total Expenditures	Average Expenditures per Claim	Average Expenditures per Beneficiary
0-18	\$55,699,664.27	\$88.00	\$342.15
19-64	\$27,632,684.90	\$75.65	\$444.19
65 Plus	\$2,176,553.87	\$29.44	\$181.33
<b>Total</b>	<b>\$85,508,903.04</b>	<b>\$79.75</b>	<b>\$360.79</b>
**Primary Care providers identified by Idaho Medicaid provider specialty on the claim. Average expenditures per beneficiary includes only beneficiaries who accessed Primary Care providers during 2014. Among beneficiaries aged 65 years and older, Medicare is likely the primary payer resulting in lower average expenditures by Idaho Medicaid.**			

## Review Analysis of Physician Specialist Providers

Physician Specialist providers were defined by Idaho Medicaid provider specialties. Specialties considered Physician Specialists included anesthesiology, cardiology, endocrinology, neurology, etc. Figure 13, below, shows the number of Physician Specialist providers enrolled with Idaho Medicaid each month during 2014. The total number of Physician Specialists enrolled with Idaho Medicaid increased slightly over 2014. On average, there were approximately 10,900 Physician Specialists enrolled with Idaho Medicaid on any given month during 2014. The number of Physician Specialists enrolled with Idaho Medicaid and located in the state of Idaho remained largely consistent through 2014, at approximately 5,000 providers on any given month.

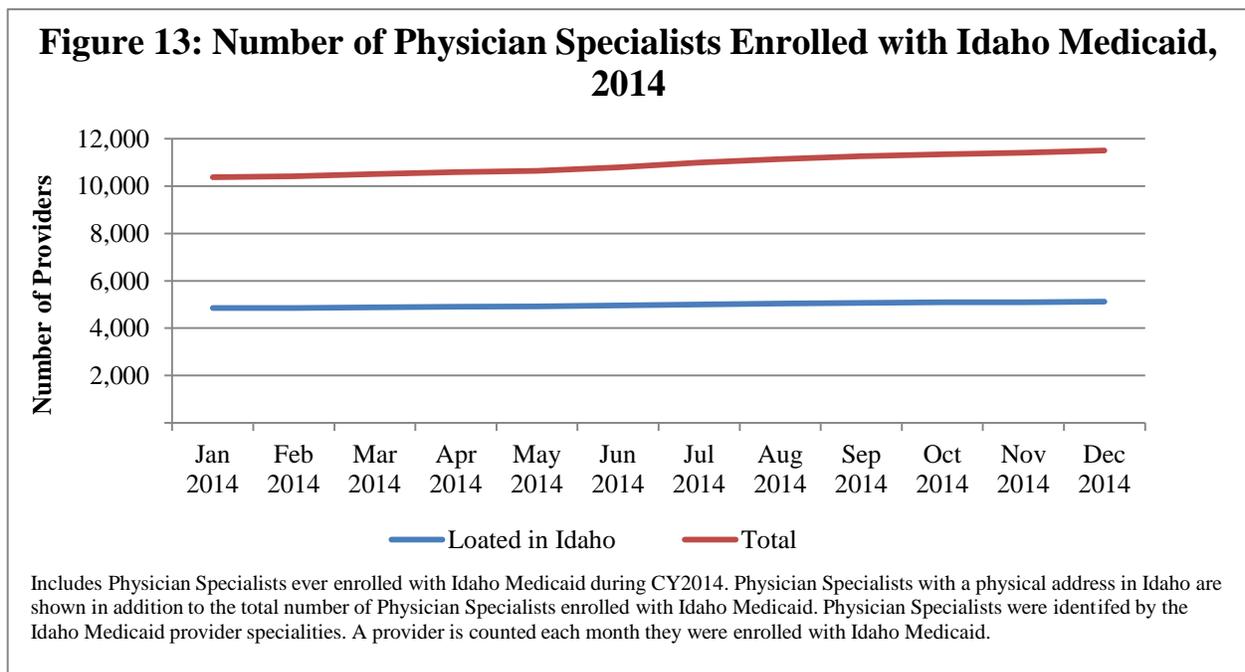
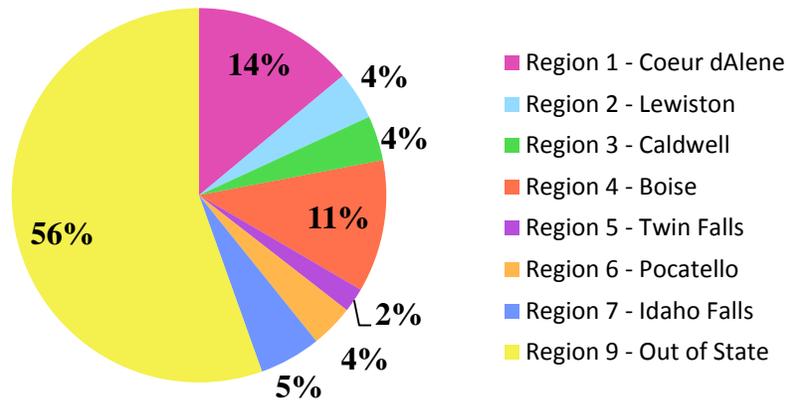


Figure 14, below, shows the majority (56%) of Physician Specialists enrolled with Idaho Medicaid report an out-of-state address. As with Primary Care providers, the majority of out-of-state Physician Specialists are located in Portland, Salt Lake City, and Seattle. Within Idaho, Physician Specialists enrolled with Idaho Medicaid are concentrated in Regions 1 & 4.

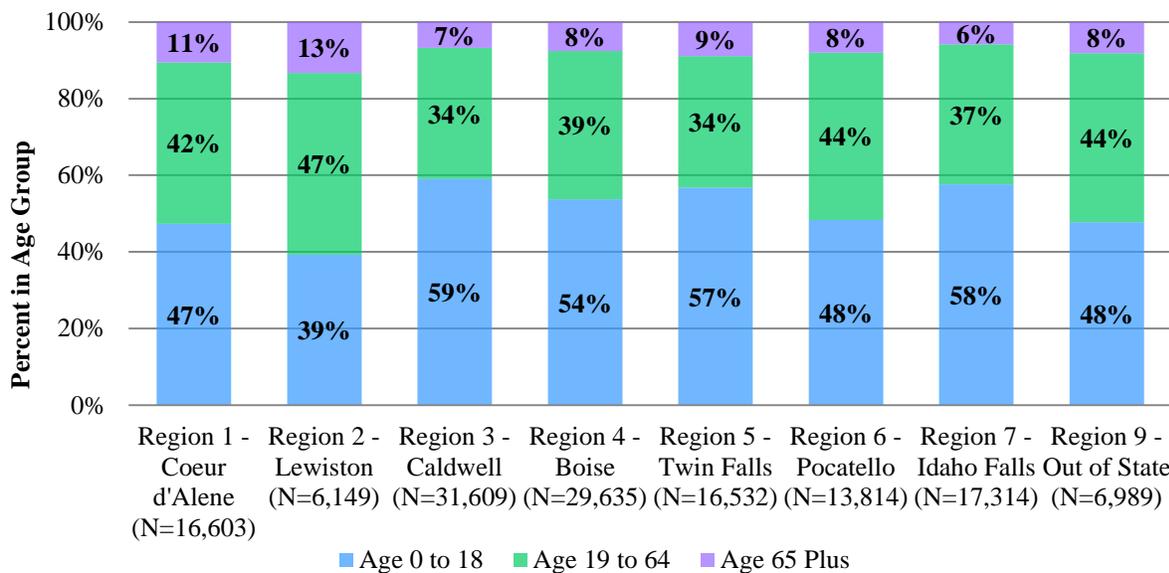
**Figure 14: Idaho Medicaid Physician Specialists by Region, 2014**



Includes Physician Specialists enrolled with Idaho Medicaid at any point during CY2014. Total Physician Specialists: 11,518. Physician Specialists identified by Idaho Medicaid provider specialty. Region defined by provider's physical address.

Figure 15, below, indicates the distribution of ages of Idaho Medicaid beneficiaries accessing Physician Specialists is weighted to adults compared to the overall age distribution of Idaho Medicaid beneficiaries. This, combined with the age demographics of Idaho Medicaid beneficiaries accessing Primary Care providers, suggests children on Idaho Medicaid may be more likely to access care with a Primary Care provider while the adult population may be more likely to access care through a Physician Specialist.

**Figure 15: Idaho Medicaid Beneficiaries Accessing Physician Specialist Providers, by Age & Region, 2014**



Includes Idaho Medicaid beneficiaries who ever accessed Physician Specialist providers during 2014 (Total N=138,645). Age groups defined by member's age on 12/31/2014. Region defined by member's mailing address. Physician Specialist providers identified by Idaho Medicaid provider specialty on the claim.

Table 4, below, shows Idaho Medicaid utilization rates for Physician Specialist providers during 2014. The DSS benchmark measures available to Idaho Medicaid cannot be stratified by claims measures, so Idaho Medicaid cannot compare the data below to other payers. Overall, 40% of beneficiaries ever enrolled with Idaho Medicaid during 2014 accessed Physician Specialist providers at least once during the year. The percent of beneficiaries accessing Physician Specialist providers was greatest among adults aged 19-64 years (53%) and was lowest among children 0-18 years (34%). Beneficiaries accessing Physician Specialist providers had, on average, 5.1 Physician Specialist claims during 2014. Adults 65 years of age and older had the greatest number of Physician Specialist claims at 8.0 claims per beneficiary.

Table 5, below, shows Idaho Medicaid expenditures for Physician Specialists during 2014. Overall, Idaho Medicaid spent \$57 million for over 700,000 claims to Physician Specialists in 2014. On average, Idaho Medicaid spent \$80.62 per Physician Specialist claim and \$413.83 per beneficiary for Physician Specialists. Lower expenditures are seen among adults 65 years of age and older, as with Primary Care. It is again likely that Medicare is the primary payer on the Physician Specialist claims for this age group.

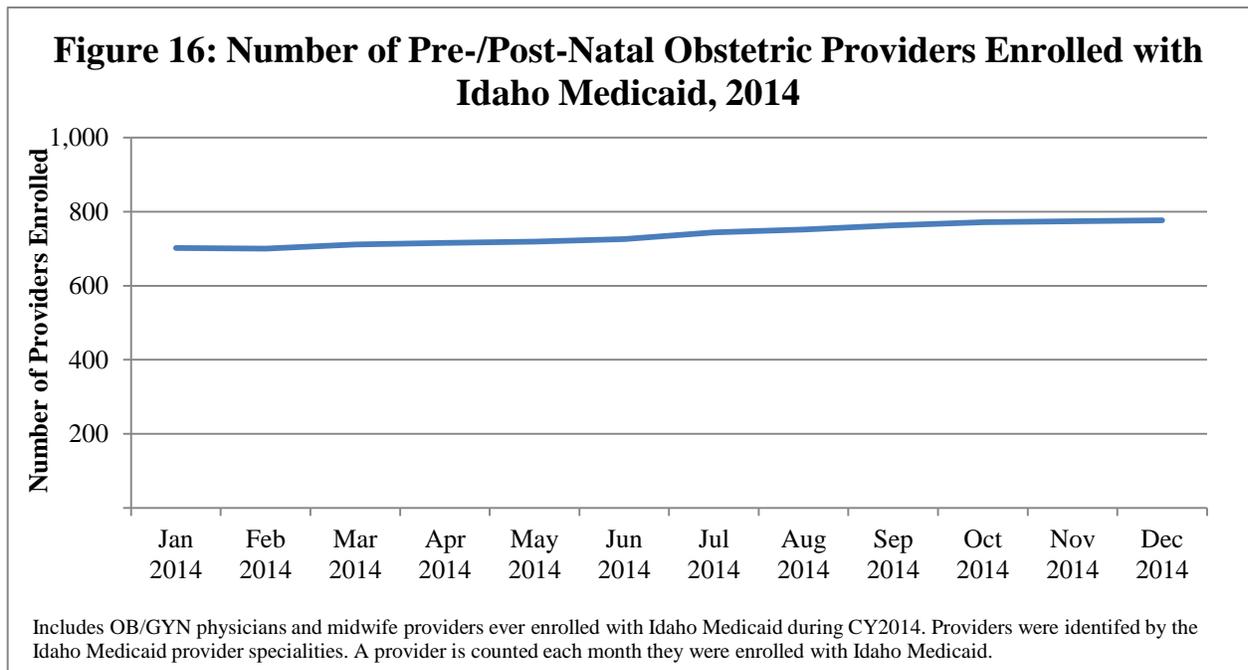
<b>Table 4: Idaho Medicaid Utilization of Physician Specialist Providers, 2014.</b>				
Age Group	Total Beneficiaries	Beneficiaries Accessing Physician Specialist Providers	% of Beneficiaries Accessing Physician Specialist Providers	Average Claims per Beneficiary
0-18	219,207	74,235	33.9%	3.4
19-64	100,349	53,293	53.1%	7.0
65 Plus	23,240	11,117	47.8%	8.0
<b>Total</b>	<b>342,796</b>	<b>138,645</b>	<b>40.4%</b>	<b>5.1</b>
**Physician Specialist providers identified by Idaho Medicaid provider specialty on the claim. Average claims per beneficiary include only beneficiaries who accessed Physician Specialist Providers during 2014.**				

<b>Table 5: Idaho Medicaid Expenditures for Physician Specialist Providers, 2014.</b>			
Age Group	Total Expenditures	Average Expenditures per Claim	Average Expenditures per Beneficiary
0-18	\$24,424,640.26	\$96.98	\$329.02
19-64	\$30,505,018.31	\$82.23	\$572.40
65 Plus	\$2,445,980.57	\$27.54	\$220.02
<b>Total</b>	<b>\$57,375,639.14</b>	<b>\$80.62</b>	<b>\$413.83</b>
**Physician Specialist providers identified by Idaho Medicaid provider specialty on the claim. Average expenditures per beneficiary include only beneficiaries who accessed Physician Specialist provider during 2014. Among beneficiaries aged 65 years and older, Medicare is likely the primary payer resulting in lower average expenditures by Idaho Medicaid.**			

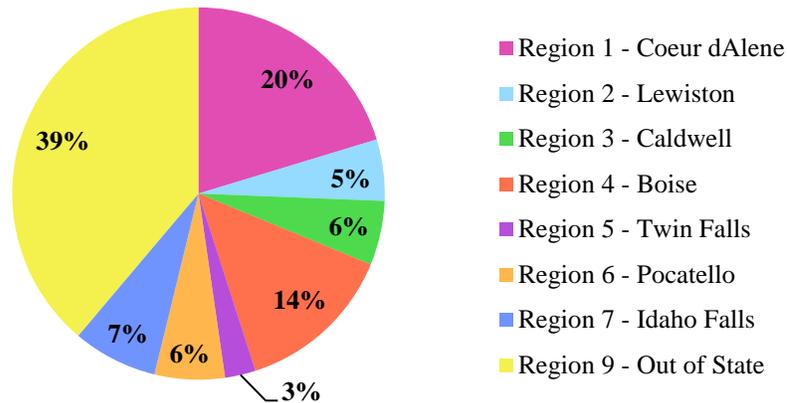
## Review Analysis of Pre-/Post-Natal Obstetric Providers

Pre-/Post-Natal Obstetric (“Obstetric”) providers were defined by Idaho Medicaid provider specialties. Specialties considered Obstetrics included obstetrics & gynecology physicians (OB/GYN) and midwives. Hospital claims for births are not included in this access review as it is difficult to track and group an entire pregnancy, given the variety of claim and provider types a beneficiary may access. Figure 16, below, shows the number of Obstetric providers enrolled with Idaho Medicaid each month during 2014. On average, 745 Obstetric providers were enrolled with Idaho Medicaid on any given month during 2014.

Figure 17, below, shows, similar to other provider groupings, a substantial proportion of Obstetric providers enrolled with Idaho Medicaid report an out-of-state address. Again, these out-of-state providers are largely OB/GYN physicians in neighboring metropolitan areas. Within the state, Obstetric providers are concentrated in Regions 1 & 4.



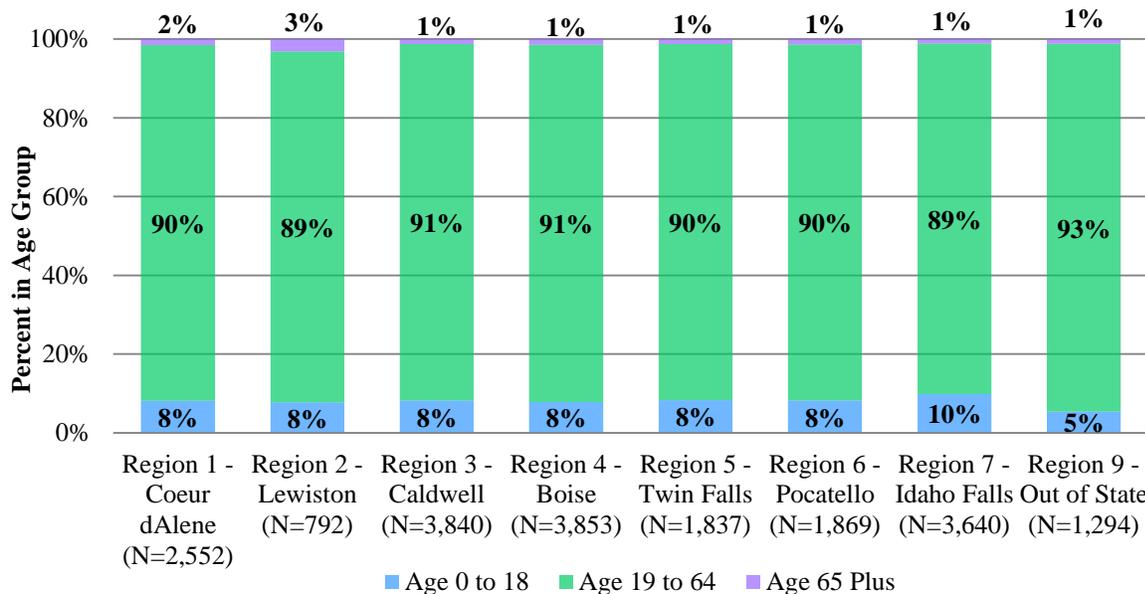
**Figure 17: Idaho Medicaid Obstetric Providers by Region, 2014**



Includes OB/GYN physicians and midwife providers enrolled with Idaho Medicaid at any point during CY2014. Total providers: 788. Providers identified by Idaho Medicaid specialty. Region defined by provider's physical address.

Figure 18, below, indicates nearly all beneficiaries accessing Obstetric providers are adults aged 19 to 64. It is possible that some of the children counting as accessing Obstetric providers are infants on the mother's claim, and adults over the age of 65 may be accessing Obstetric providers for services other than Pre-/Post-Natal care. However, given the small number of outliers (~1% over the age of 65), Idaho Medicaid believes that using provider specialty still gives an accurate representation of access to Pre-/Post-Natal Obstetrics services.

**Figure 18: Idaho Medicaid Beneficiaries Accessing Pre-/Post-Natal Obstetric Providers, by Age & Region, 2014**



Includes Idaho Medicaid beneficiaries who ever accessed OB/GYN physicians or midwife providers during 2014 (Total N=19,659). Age groups defined by member's age on 12/31/2014. Region defined by member's mailing address. Providers identified by Idaho Medicaid provider specialty on the claim.

Table 6, below, shows Idaho Medicaid utilization rates for Pre-/Post-Natal Obstetric providers during 2014. The DSS benchmark measures available to Idaho Medicaid cannot be stratified by claims measures, so Idaho Medicaid cannot compare the data below to other payers. Percentage of beneficiaries accessing Obstetric providers was limited to female beneficiaries. As expected, the percent of beneficiaries accessing Obstetric providers was greatest among female adults 19-64 years (27%). On average, beneficiaries accessing Obstetric providers had 4.0 claims to OB/GYN or midwife providers during 2014.

Table 7, below, shows Idaho Medicaid expenditures for Obstetric providers during 2014. Expenditures will only include expenditures to the OB/GYN or midwife; hospital billing will not be included. Additionally, infants can be billed on the mother's initial claims after a birth, and these expenditures will be included in the numbers below. Overall, Idaho Medicaid spent \$17.7 million on Obstetric providers, representing near 80,000 claims. On average, Idaho Medicaid spent \$223.43 per claim to an OB/GYN or midwife provider. Idaho Medicaid spent approximately \$902.42 per beneficiary to Obstetric providers during 2014.

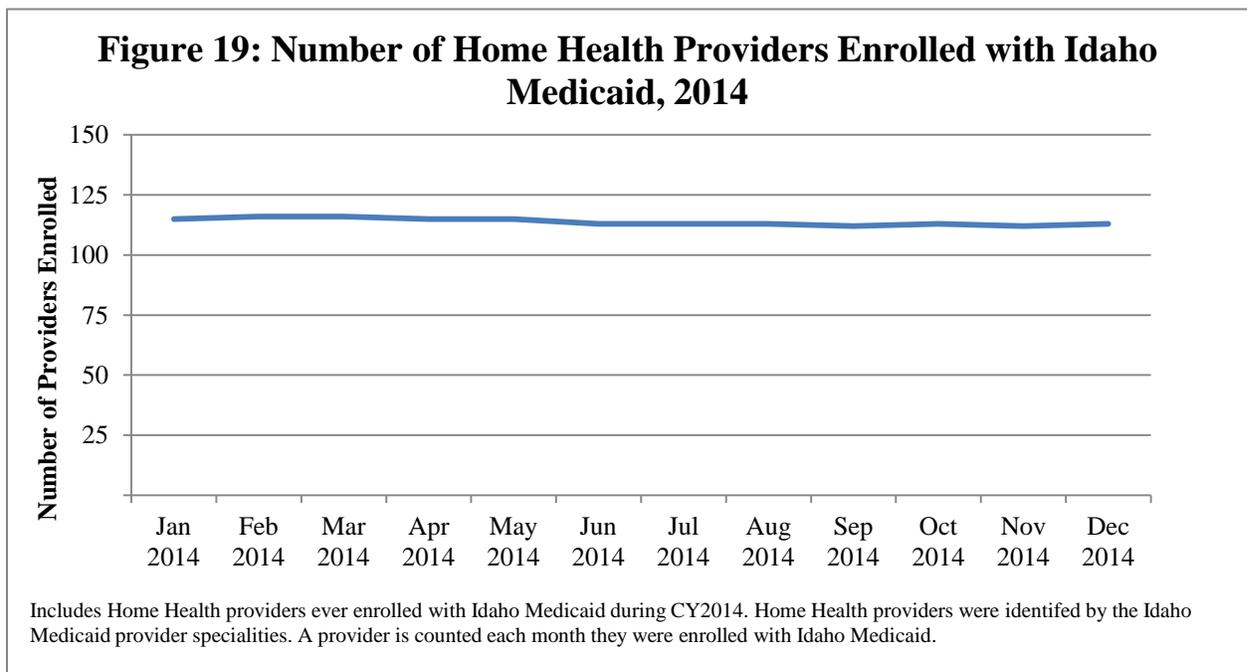
<b>Table 6: Idaho Medicaid Utilization of Pre-/Post-Natal Obstetric Providers, 2014.</b>				
Age Group	Total Female Beneficiaries	Beneficiaries Accessing Obstetric Providers	% of Beneficiaries Accessing Obstetric Providers	Average Claims per Beneficiary
0-18	106,661	1,617	1.52%	2.9
19-64	65,841	17,767	26.98%	4.2
65 Plus	15,064	275	1.83%	2.1
<b>Total</b>	<b>187,566</b>	<b>19,659</b>	<b>10.48%</b>	<b>4.0</b>
**Obstetric providers identified by Idaho Medicaid specialty on the claim. Only claims for OB/GYN physicians and midwife providers are included. Average claims per beneficiary include only beneficiaries who accessed Obstetrics providers during 2014**				

<b>Table 7: Idaho Medicaid Expenditures for Pre-/Post-Natal Obstetric Providers , 2014.</b>			
Age Group	Total Expenditures	Average Expenditures per Claim	Average Expenditures per Beneficiary
0-18	\$898,603.57	\$191.07	\$555.72
19-64	\$16,820,198.75	\$226.91	\$946.71
65 Plus	\$21,837.28	\$38.11	\$79.41
<b>Total</b>	<b>\$17,740,639.60</b>	<b>\$223.43</b>	<b>\$902.42</b>
** Obstetric providers identified by Idaho Medicaid specialty on the claim. Only claims for OB/GYN physicians and midwife providers are included. Average expenditures per beneficiary include only beneficiaries who accessed Obstetric providers during 2014. Infants can be billed on the initial claims after delivery and these expenditures may be included in the above numbers. Among beneficiaries aged 65 years and older, Medicare is likely the primary payer resulting in lower average expenditures by Idaho Medicaid.**			

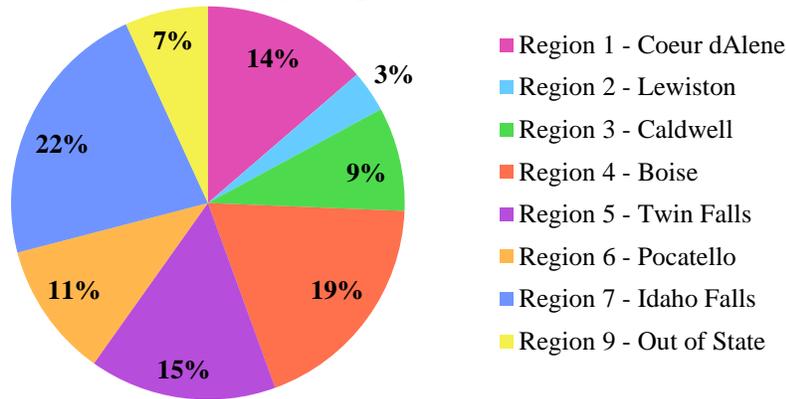
## Review Analysis of Home Health Providers

Home Health providers were defined by an Idaho Medicaid provider specialty of Home Health. Figure 19, below, shows the number of Home Health providers enrolled with Idaho Medicaid each month during 2014. The number of Home Health providers enrolled with Idaho Medicaid during 2014 remained fairly constant at approximately 114 providers on any given month.

Figure 20, below, shows, unlike other provider groupings considered, Home Health providers were mostly located in the state of Idaho. Only 7% of providers reported an out-of-state address. The distribution of providers across the state largely mirrors the distribution of members in the state—although the distribution of Home Health providers between Regions 3 & 7 differs slightly than the Idaho Medicaid beneficiary distribution.



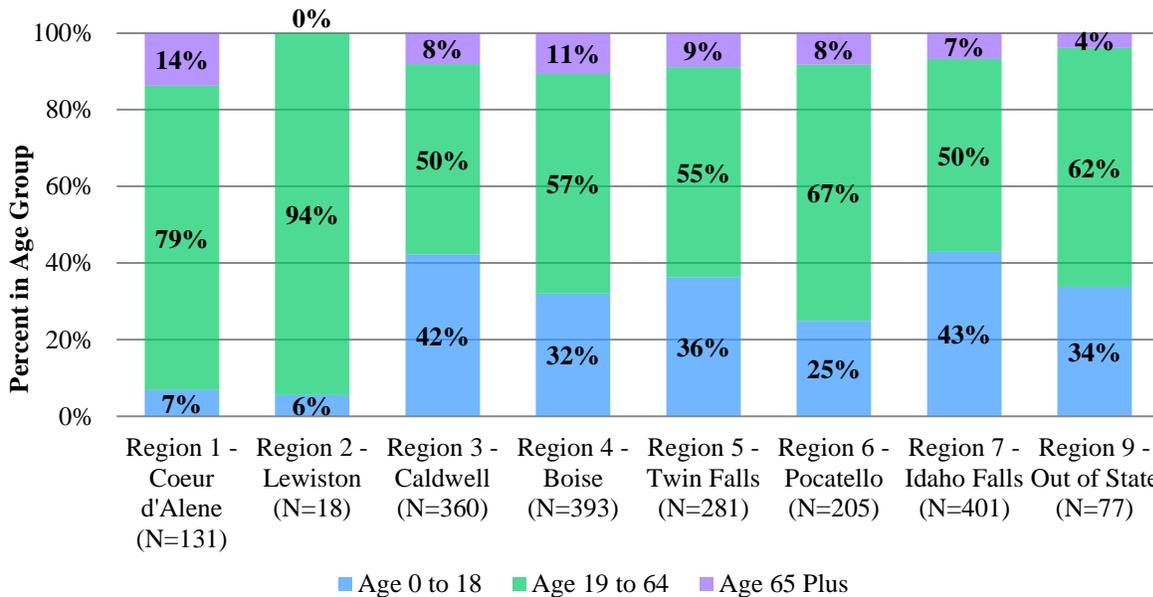
**Figure 20: Idaho Medicaid Home Health Providers by Region, 2014**



Includes Home Health providers enrolled with Idaho Medicaid at any point during CY2014. Total providers: 117. Home Health providers identified by Idaho Medicaid specialty. Region defined by provider's physical address.

Figure 21, below, shows Idaho Medicaid beneficiaries accessing Home Health providers are largely adults from Regions 3 & 4. Overall, the number of beneficiaries accessing Home Health providers (1,866) is much lower than the number of beneficiaries accessing other provider groupings. Therefore, there is more substantial variation in the ages of beneficiaries across regions than have been previously seen.

**Figure 21: Idaho Medicaid Beneficiaries Accessing Home Health Providers, by Age & Region, 2014**



Includes Idaho Medicaid beneficiaries who ever accessed Home Health providers during 2014 (Total N=1,866). Age groups defined by member's age on 12/31/2014. Region defined by member's mailing address. Home Health providers identified by Idaho Medicaid provider

Table 8, below, shows Idaho Medicaid utilization rates for Home Health providers during 2014. The DSS benchmark measures available to Idaho Medicaid cannot be stratified by claims measures, so Idaho Medicaid cannot compare the data below to other payers. The greatest percentage of Idaho Medicaid beneficiaries accessing Home Health providers was adults 19-64 years (1%). It is expected that adults would be the primary users of these providers. On average, beneficiaries who accessed Home Health providers had 5.2 Home Health claims during 2014.

Table 9, below, shows Idaho Medicaid expenditures for Home Health providers during 2014. Overall, Idaho Medicaid spent \$4.1 million for Home Health providers, representing over 9,700 claims. On average, Idaho Medicaid spent \$426.05 per Home Health claim. Idaho Medicaid spent approximately \$2,218.18 per beneficiary for Home Health providers during 2014.

<b>Table 8: Idaho Medicaid Utilization of Home Health Providers, 2014.</b>				
Age Group	Total Beneficiaries	Beneficiaries Accessing Home Health Providers	% of Beneficiaries Accessing Home Health Providers	Average Claims per Beneficiary
0-18	219,207	639	0.3%	5.7
19-64	100,349	1,066	1.1%	5.1
65 Plus	23,240	161	0.7%	3.9
<b>Total</b>	<b>342,796</b>	<b>1,866</b>	<b>0.5%</b>	<b>5.2</b>
**Home Health providers identified by Idaho Medicaid provider specialty on the claim. Average claims per beneficiary include only beneficiaries who accessed Home Health providers during 2014.**				

<b>Table 9: Idaho Medicaid Expenditures for Home Health Providers, 2014.</b>			
Age Group	Total Expenditures	Average Expenditures per Claim	Average Expenditures per Beneficiary
0-18	\$1,306,634.68	\$355.64	\$2,044.81
19-64	\$2,536,948.48	\$468.24	\$2,379.88
65 Plus	\$295,532.68	\$474.37	\$1,835.61
<b>Total</b>	<b>\$4,139,115.84</b>	<b>\$426.05</b>	<b>\$2,218.18</b>
**Home Health providers identified by Idaho Medicaid provider specialty on the claim. Average claims per beneficiary include only beneficiaries who accessed Home Health providers during 2014.**			

## Summary

Idaho Medicaid works to provide quality healthcare coverage for the over 370,000 beneficiaries who are enrolled each year. In ensuring access for its beneficiaries, Idaho Medicaid faces the challenge of the availability of providers, as much of the state is rural and numerous Health Professional Shortage Areas and Medically Underserved Areas/Populations exist<sup>2</sup>. In an attempt to mitigate the relatively few providers available in Idaho, Idaho Medicaid enrolls providers from neighboring metropolitan areas, such as Portland, Seattle, and Salt Lake City.

During 2014, nearly 70% of beneficiaries ever enrolled with Idaho Medicaid accessed Primary Care providers, 40% of all beneficiaries OB/GYN or midwife providers, and 0.5% of all beneficiaries accessed Home Health providers. This distribution of access to care by beneficiaries is not unexpected given that 64% of Idaho Medicaid beneficiaries are 0-18 years of age, and over 90% are under the age of 65.

Idaho Medicaid's MMIS data vendor, Truven Health Analytics, has benchmark measures available allowing Idaho Medicaid to compare member-level measures to overall Medicaid and U.S. Totals (including private payers). While, Idaho Medicaid cannot determine the specific organizations that make up the benchmarks, they do allow Idaho Medicaid to make some comparisons and conclusions.

Idaho Medicaid has lower average expenditures for medical services per beneficiary than the Medicaid benchmark. However, the number of beneficiaries accessing medical providers per 1,000 total beneficiaries for Idaho Medicaid was greater than or similar to the rates of the Medicaid total and U.S. total benchmarks. This suggests, that although Idaho Medicaid may reimburse at a lower level than other state Medicaid or private payers, Idaho Medicaid beneficiaries are able to access medical care at a rate similar to or greater than other Medicaid and private payer organizations.

In gauging Idaho Medicaid beneficiaries' perceptions regarding access to care, the CAHPS<sup>®</sup> survey conducted for the CHIP population suggests most beneficiaries are able to access care when needed. In fact, nearly half of respondents ranked Idaho Medicaid as the "Best Health Plan Possible" on a scale from 0-10, and over 80% reported their child was "Usually" or "Always" able to get primary or specialist care as quickly as needed. Additionally, with the PCCM program operated by Idaho Medicaid, a very small percentage (2%) of PCP-disenrollments is related to access problems. When such access concerns do result in a PCP-disenrollment, a member could be enrolled with a new PCP without any lapse in PCCM coverage in over 70% of cases. In beneficiary-reported data available to Idaho Medicaid, access problems are not substantially reported.

Moving forward, Idaho Medicaid will continue to monitor beneficiaries' access to care in order to assure a quality healthcare plan is offered and to meet the requirements outlined in 42 CFR 447.203. The measures defined above will be tracked over time to monitor the changes in

provider availability and utilization rates. Additionally, beneficiary and provider feedback will be sought in order to identify and mitigate any access issues or gaps that may arise. Idaho Medicaid is committed to working to promote and improve the health of Idahoans by providing access to care.

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