

Wisconsin Medicaid - Continuum of Access

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Overview

- ◆ Insurance coverage makes health care services more accessible, but it is just one of the many factors that contribute to whether individuals can access needed health care.
- ◆ DMS is seeking input from the MAC to better help ensure beneficiaries have equitable access to high-quality and appropriate care across fee-for-service, managed care and alternative payment models.
- ◆ CMS established “Coverage and Access” as one of the three domains of its policy agenda for 2022-2024.

Continuum of Health Care Access

- ◆ We view the continuum of health care access across three dimensions:
 - Enrollment in coverage
 - Maintaining coverage
 - Access to appropriate programs
 - Access to services and supports
- ◆ Central to all three of these domains is how beneficiaries experience care and their perception of the availability of services and supports.
- ◆ Under the dimension of access to services and supports, we can focus on:
 - Potential access
 - Realized access
 - Beneficiaries' experiences with care

Enrollment in Coverage



- ◆ I am aware of Medicaid coverage options.
- ◆ I am aware that I am eligible for a Medicaid program.
- ◆ I am able to enroll in coverage that meets my needs.
- ◆ If I'm not eligible for Medicaid, I understand my options for other programs

Maintaining Coverage

- ◆ I can maintain coverage without interruption.
- ◆ When I can't keep my Medicaid coverage, I know how to transition to other insurance programs.
- ◆ I can continue to receive the services I need.
- ◆ I understand and can meet the administrative requirements for continuing my eligibility

Access to Appropriate Programs

- ◆ I know what programs are available for me and my family
- ◆ I know how to enroll into the various programs
- ◆ Programs are coordinated so it is easy to navigate and get the care I need
- ◆ I am enrolled in the programs I need for the conditions I have

Access to Services and Supports

- ◆ I can find and get an appointment with a provider.
- ◆ I am able to see that provider in a setting that feels appropriate to me (health care setting, virtually, or HCBS setting).
- ◆ I am able to see that provider in a timely manner that meets my health care needs.
- ◆ I am receiving needed services.
- ◆ I have a positive experience with care.
- ◆ I am able to communicate with providers in my preferred language and in accordance with my cultural practices.
- ◆ I understand my rights and the appeals process.

Enrollees



- ◆ Medicaid enrollees have:
 - Unique health care needs
 - Demographic characteristics, and
 - Different ways in which they qualify for coverage
- ◆ Specific issues related to access to care include:
 - Frequent turnover in eligibility
 - Complex, chronic medical needs that can benefit from care coordination, care management, and continuity of care
 - Coordination with Medicare on benefit and care for dually eligible
 - Provider networks that include adequate numbers of PCPs and specialists who treat specific health issues such as behavioral health needs.

Availability of Providers

- ◆ For all Medicaid enrollees, provider availability is influenced by provider supply in their geographic area and the share of those providers that agree to participate in Medicaid.
- ◆ Managed care offers state Medicaid additional mechanisms for assessing and influencing the adequacy of provider participation in Medicaid by requiring compliance with standards for network adequacy.

Appropriate Utilization

- ◆ Because Medicaid coverage does not guarantee access to services and may not ensure appropriate use of services, it is important to analyze utilization as a measure of access by focusing on:
 - Whether or not appropriate, available services are obtained
 - The affordability of services
 - The enrollee's ability to navigate the health care system
 - The enrollee's experience with the health care system
- ◆ In FFS Medicaid, enrollees may seek care from any participating provider.
- ◆ In managed care, enrollees may be required to select a PCP or obtain prior authorization or approval.

Monitoring Quality and Access in Managed Care

- ◆ Medicaid programs have long been using information from managed care plans to set standards, structure payment, measure performance, and provide “report cards” to promote access to the right plan with the right providers for consumers.
- ◆ External quality review organization (EQRO) assists the state to conduct an independent review of our managed care plans on quality, timeliness, and access to services.
- ◆ Pay for Performance incentives are another strategy for improving both quality and access at the plan level.
- ◆ HEDIS measures
- ◆ CAHPS surveys
- ◆ National Core Indicators (NCI)

Monitoring Access Strategies

- ◆ Monitoring enrollee feedback and conducting community outreach.
 - Monitor complaints through the use of enrollee or provider telephone hotlines
 - Communicate regularly with a network of health care system stakeholders
 - Conduct community outreach with providers and beneficiary representatives.
- ◆ Reviewing available data.
 - Dashboard data from MMIS to identify patterns in claims and encounter data (e.g. ED utilization)
 - Require plans to measure and monitor access standards and report outcomes on a prescribed schedule
 - Require plans to administer HEDIS and CAHPS data
 - Analyze reports from transportation brokers to monitor changes in frequency and distance of transports

Monitoring Provider Supply

- ◆ Compare lists of participating providers to licensed providers.
- ◆ Compare the location of participating providers to the location of beneficiaries.
- ◆ Administer physician workforce surveys and surveys of primary and specialty providers to determine the Medicaid share of patients.
- ◆ Monitor compliance with standards specified in managed care plan contracts, including network adequacy, provider-to-patient ratios, and geographic access analysis.



Thank you!

DHS appreciates the opportunity to hear from members of the Medicaid Advisory Committee (MAC), Wisconsin residents and interested organizations to help us better serve the needs of Medicaid members in Wisconsin.



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