Barriers to Primary Care Access in Apple Health

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Provider barriers to access

Primary barriers

- Payment rates that aren’t keeping pace with cost of services
  - No sustainable ongoing rate increase in past 10 years
  - 2013-14 one time fee bump did not improve access—not sustainable for practices
  - Members end up in higher intensity setting if no primary care appointments
- Administrative complexity
- Challenges meeting complex needs and time requirements for Apple Health members

Some barriers are not exclusive to Apple Health

- Example: Access to primary care in rural areas complex for all due to travel distances and practitioner supply or shortages
- Example: Administrative complexity associated with multiple health plan or payer administrative and clinical requirements
Access barriers and options

Provider Barriers

- Apple Health fee schedule not sustainable - no increase in 10 years and not keeping pace with cost of services
- Limited access to specialty care and providers for referrals and consultation
- Limited payment for team-based care delivered by non-PCP staff (RN’s, MA’s)
- Challenges in managing complexity of care needs and lack of support for social determinants of health interventions

Impacting Provider Barriers

- Increase fee schedule for primary care services
- Continue support and expansion of value-based payment, team-based care
- Support Medicaid Transformation Waiver and ACH regional projects implementing team-based care, integrated physical and behavioral health, and care coordination/management including community-based organizations
Access barriers and options

Administrative Barriers
- Gaps or delays in timely claims payment and issue resolution
- Complex clinical criteria and payment rules
- Challenges staying current with billing and payment guidelines/rules

Impacting Administrative Barriers
- Continue improvements to support timely claims payment and issue resolution
- Continue improvements that streamline clinical criteria and payment rules
- Continue improvements to enhance accessible education and provider support for key administrative and clinical procedures

Member Barriers
- Provider availability limited and does not match patient needs - appointments with long wait times for and during appointments
- Lack of resources - time, transportation, child care, time off work, translation
- Perception of value - relationship with PCP/regular well visits, office wait times
Making changes that support provider access

- **Value-based payment (VBP) arrangements** with MCO’s and providers
  - MCO’s contracting with PCP’s and provider organizations for value-based payment arrangements
  - VBP provides flexibility in managing access to services and providers

- **Support team-based care and innovative clinical service models**
  - Implemented Collaborative Care Model coding and payment for behavioral health integration. Adds payment for care management support and regular psychiatric consultation with the primary care team.
Options to address provider barriers

- **Increase rates** to promote sustainability and reduce cost barriers to increasing participation and access to services
  - Governor’s 2019-21 budget includes funding to increase adult and pediatric primary care rates for same set of evaluation and management and vaccine administration codes included in temporary rate increase provided by federal Patient Protection and Affordable Care Act.

- **Support team-based care and innovative clinical service models using value-based payment arrangements.**
  - For example, explore options to improve access to primary care services using clinical practice team members not currently eligible for reimbursement (e.g., payment for RN care management, etc.).

- **Support clinical and administrative service delivery improvements, such as care coordination/care management and social determinants of health interventions, to manage clinical complexity and impact health and well-being**
Questions?

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HCA report on primary care access:
https://www.hca.wa.gov/assets/essb-6032-enhance-primary-care-access-medical-assistance-12-1-18.pdf