

Improving Physician Participation in Medicaid

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Physicians Caring for Texans



Texas
Pediatric
Society

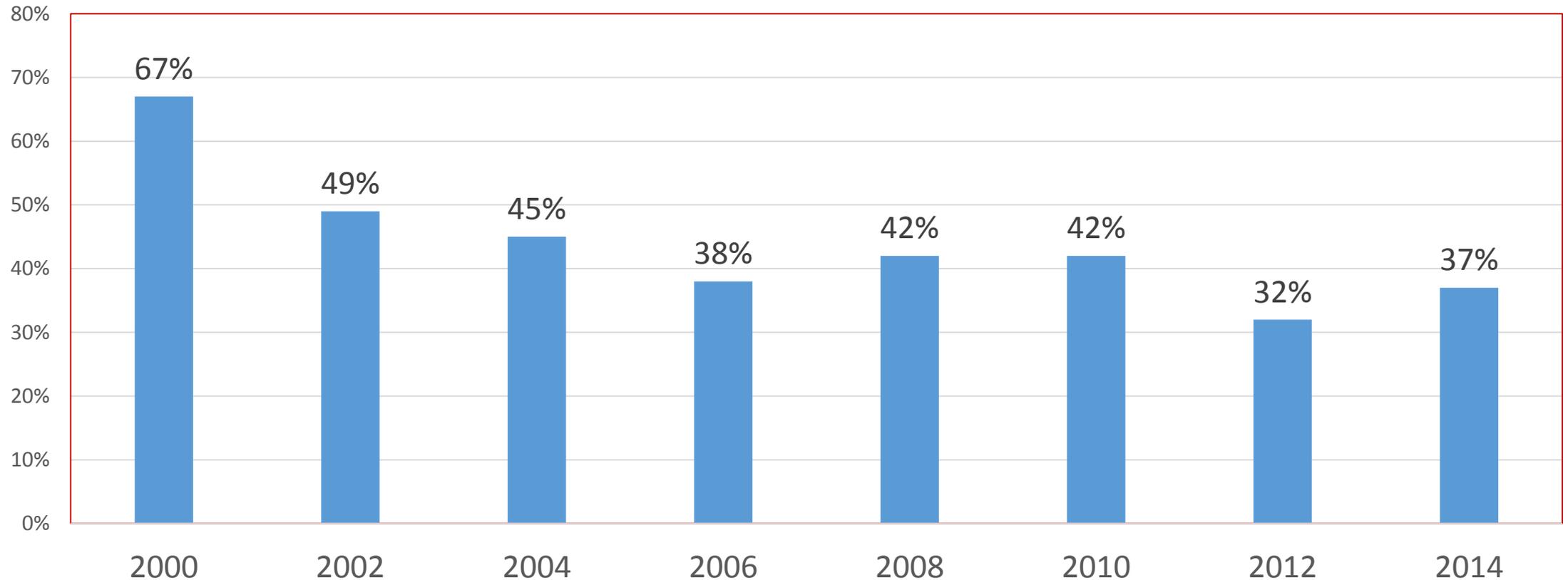
The Texas Chapter of the
American Academy of Pediatrics

Physician Medicaid Participation

- Every other year, TMA surveys Texas physicians on a wide range of practice and patient care issues, including physician participation in Medicaid and attitudes towards Medicaid and Medicaid HMOs.
- TMA conducted its most recent survey in 2014; 2016 survey now in the field (results available later this year)
- Physicians report supporting Medicaid as a means to improve coverage for low-income Texans, but their willingness to participate in Medicaid is troublingly low, despite an uptick in 2014.

Physician Medicaid Participation

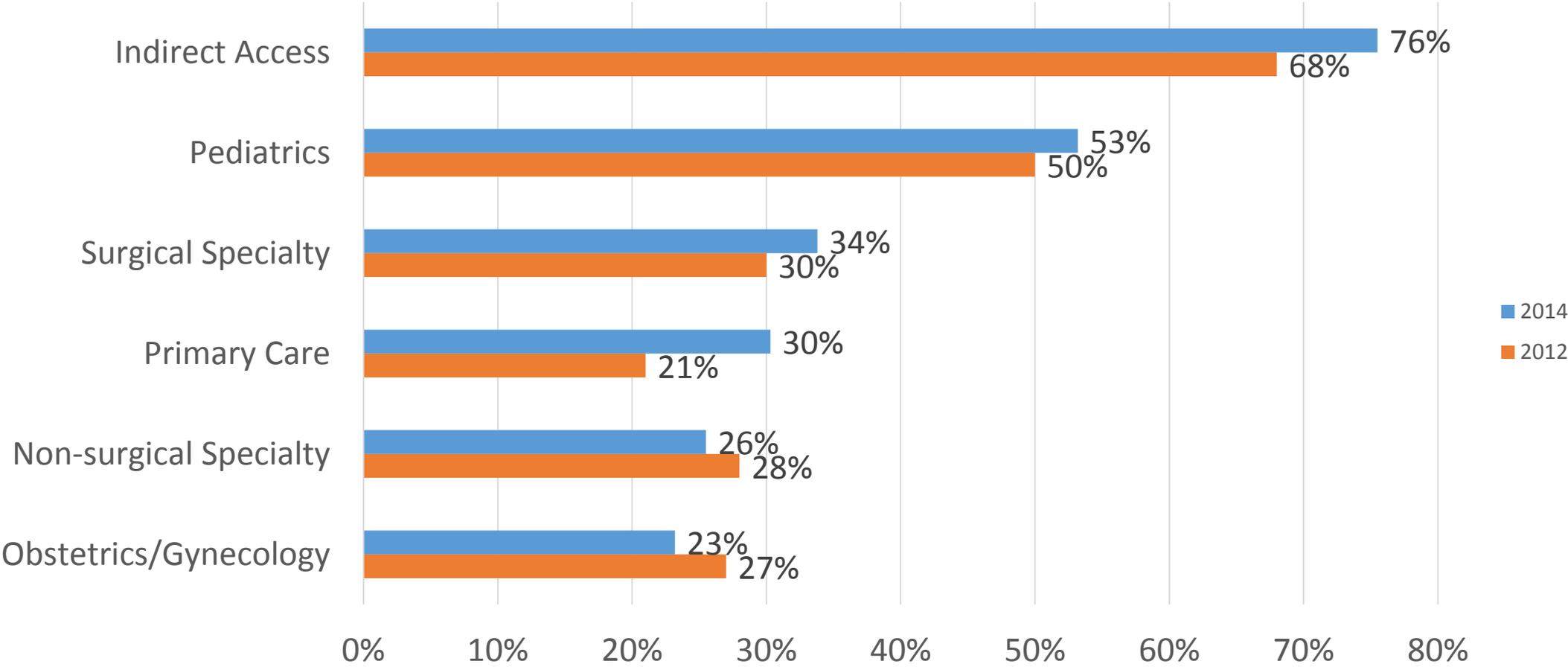
Percent of Texas Physicians Who Will Accept **All New** Medicaid Patients



Source: 2014 Texas Medical Association Survey of Physicians

Physician Medicaid Participation

Acceptance of All New Medicaid Patients by Physician Specialty

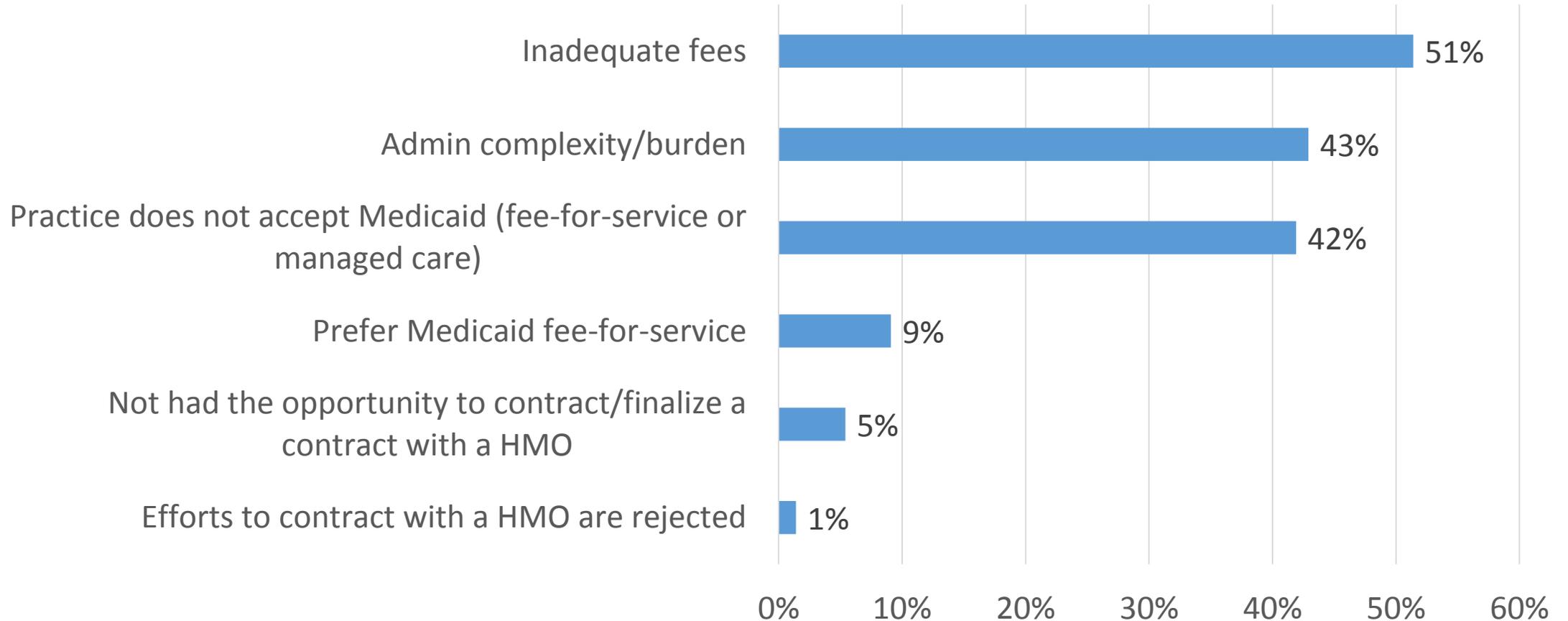


Source: 2014 Texas Medical Association Survey of Physicians

Indirect access refers to hospital-based specialists such as anesthesiologists and radiologists

Physician Medicaid Participation

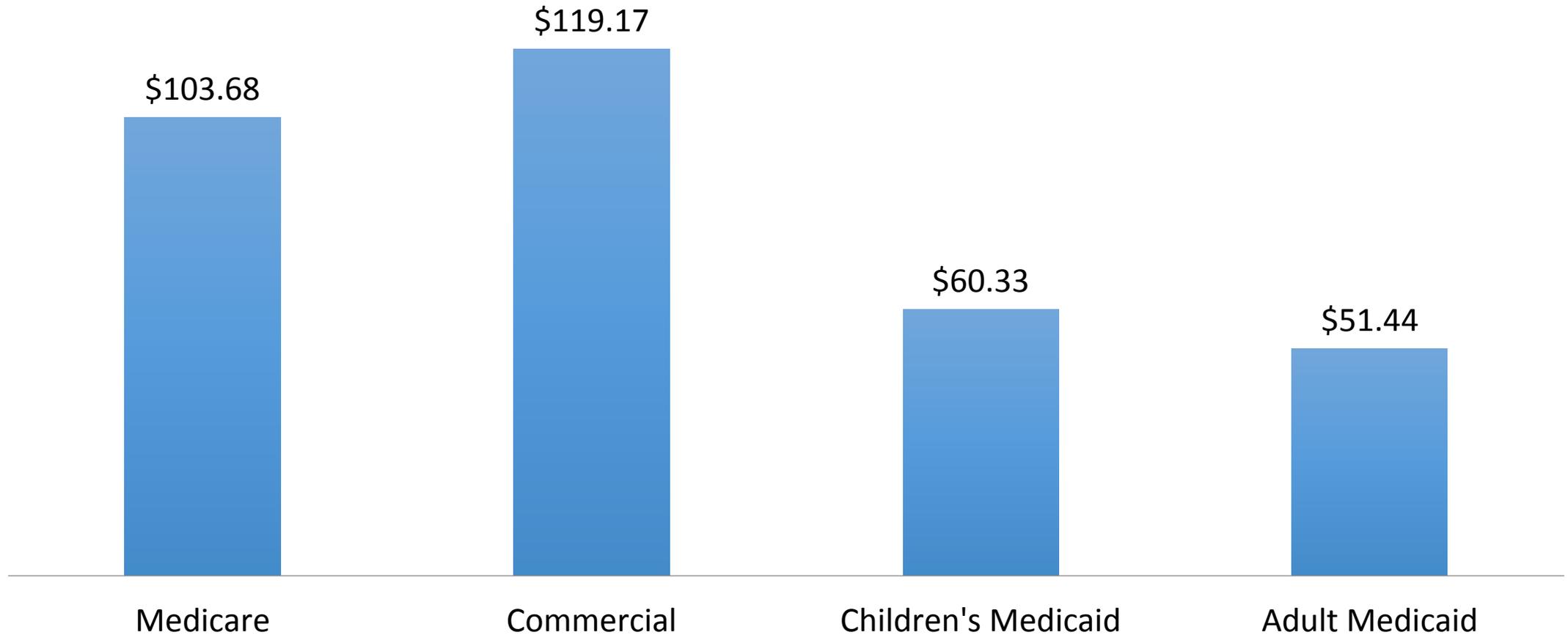
Why Physicians Do Not Treat Medicaid HMO Patients



Source: 2014 Texas Medical Association Survey of Physicians

Physician Medicaid Participation

99203: Initial Physician Office Visit



Physician Medicaid Participation

Higher Payments, More Physicians

Percent of Texas Physicians Who Will Accept All New Medicaid Patients

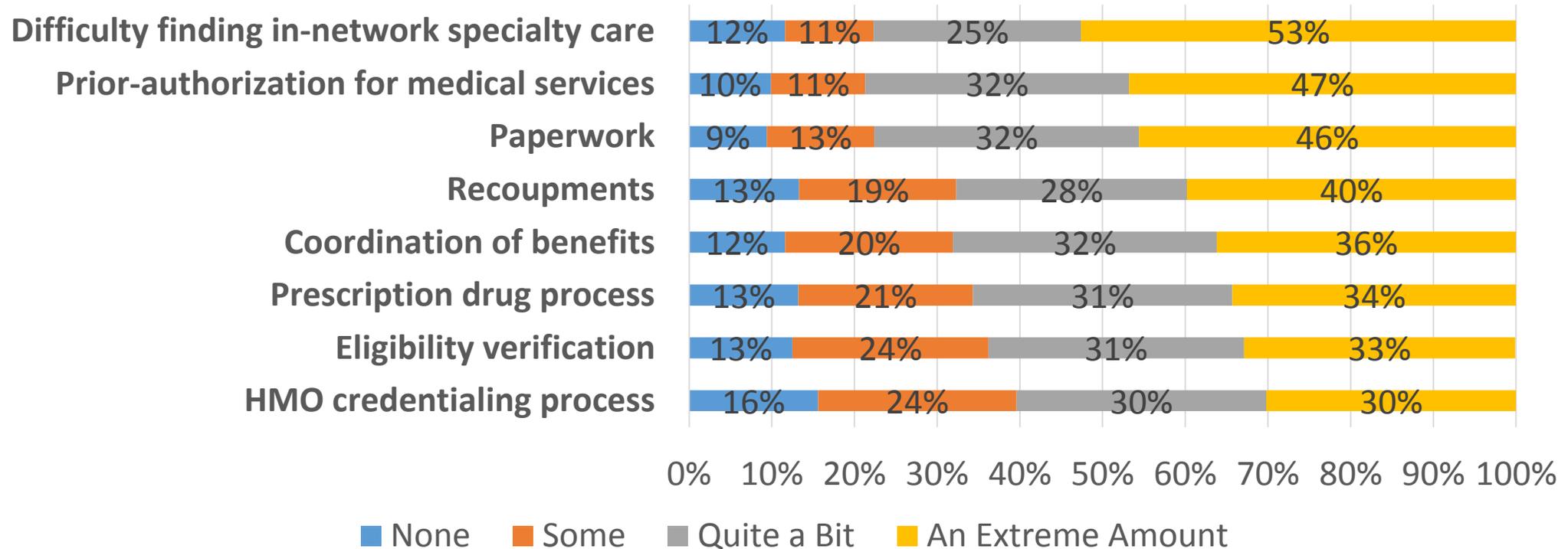


Source: 2014 Texas Medical Association Survey of Physicians

Physician Medicaid Participation

- Second to inadequate payment, Medicaid red tape drives physicians from Medicaid

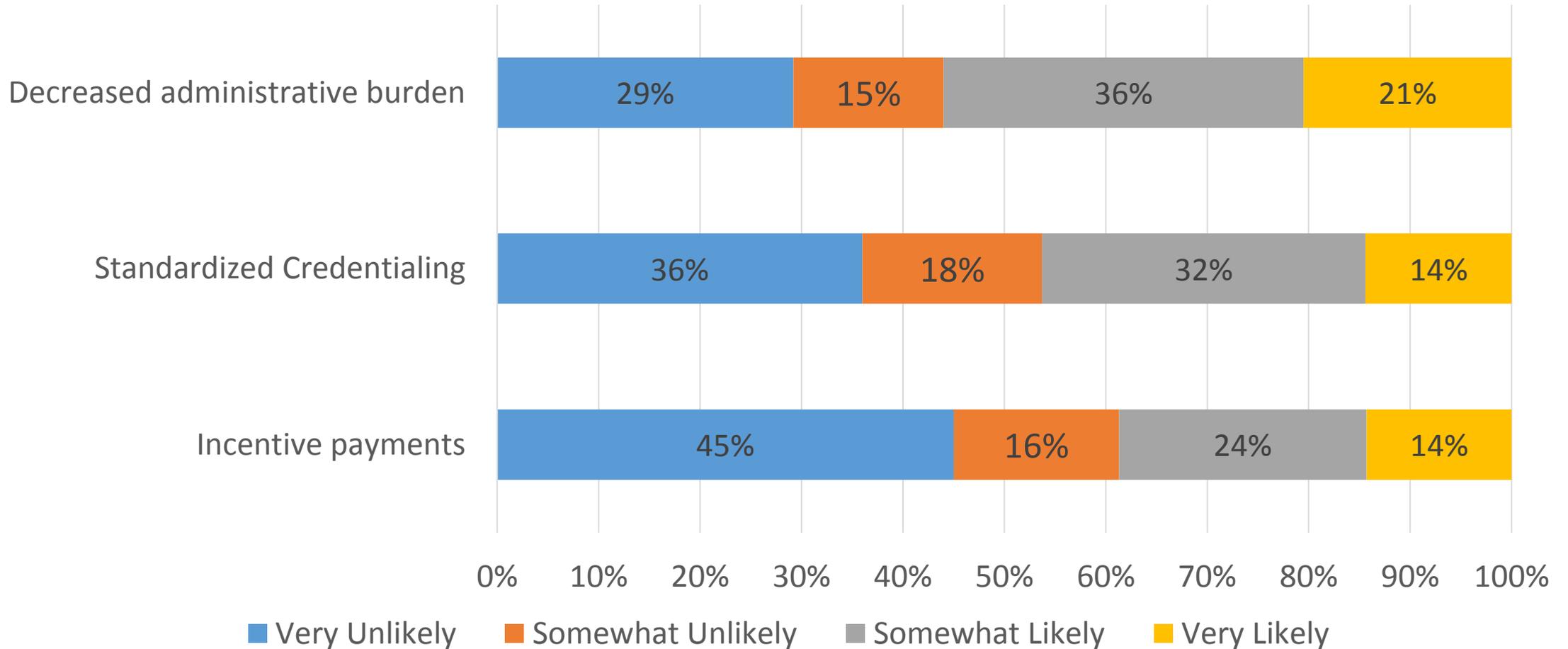
Administrative Burden in Medicaid HMOs



Source: 2014 Texas Medical Association Survey of Physicians

Physician Medicaid Participation

Texas Physicians Who Would Accept More Medicaid Patients If Program Were Reformed



Source: 2014 Texas Medical Association Survey of Physicians

Physician Medicaid Participation

Recommendations to Cut MCO Red Tape

- Standardize and centralize HMO credentialing (in process)
- Integrate Medicaid enrollment and HMO credentialing processes
- Reduce number of services/procedures requiring prior approval, including requiring periodic MCO review of all PA criteria to assess their value;
- Establish “Gold Certification” process to reduce PA requirements for high-functioning physician or provider practices
- Publicize clinical and utilization criteria underpinning MCO prior authorization standards

Physician Medicaid Participation

Recommendations to Cut MCO Red Tape

- Simplify and streamline Preferred Drug List
- Review current Vendor Drug Clinical Edits to determine whether still necessary and/or clinically current
- Reduce number of recoupments relating to coordination of benefits

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Recommendations to Improve Network Adequacy

- Clearly communicate to physicians and patients it is the HMO's responsibility to identify physicians or providers accepting new patients, including clearly publicizing requirement on HMO websites, directories and other appropriate educational material,
 - Each HMO directory and website should prominently display 800 number about where to call for assistance scheduling an appointment when patient or physician has been unable to identify an in-network provider.
 - HHSC should establish timeframes for HMOs to respond to requests based on the by type of service needed (e.g. preventive care, urgent care, etc....)
 - Require HMO to schedule appointment and communicate with patient's PCPs when and where service will be provided

Physician Medicaid Participation

Recommendations to Improve Network Adequacy

- Establish mileage, distance, and wait-time standards differentiated by urban, suburban, rural and frontier communities and type of service, such as primary care versus behavioral health.
- Survey physicians, providers and patients regarding their satisfaction with Medicaid MCO network adequacy rather than relying on complaints
- Require MCOs to clearly communicate availability of expedited credentialing for group practices and simplify process to request it, such as requiring use of a standardized online form; ensure MCO provider representatives receive training on what expedited credentialing is and what provider types are eligible to use it.

Physician Medicaid Participation

Recommendations to Improve Network Adequacy

- Revise provider directory to list physicians with multiple specialties in each corresponding section of the directory (e.g. family physicians who provide obstetrical care should be listed under both the PCP and OB sections)
- Establish and enforce meaningful financial penalties for plans that fail to maintain adequate physician and provider networks

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