



"Access to Primary Care Physicians and Preventive Primary Care Services for Colorado Children Enrolled in Medicaid"

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It is generally accepted that a medical home that assures continuity of care and provides essential preventative and acute care services is essential for quality health outcomes and optimal use of health care resources. Nonetheless, it has been increasingly difficult for private physicians to provide care for the increasing number of uninsured and underinsured children in Colorado. In this recent report from our *State of the Health of Colorado's Children* program we assessed the capacity of the private primary care physician network to provide access to a medical home through participation in the Colorado Medicaid program, and whether the recent shift of children from managed care to unassigned fee-for-service and other Medicaid administrative and reimbursement policies have restricted access to a primary care physician, needed preventive primary care services and immunizations.

Methods:

This report documents the current level of participation by private, office-based, primary care pediatricians in the Colorado Medicaid program throughout the state in comparison to similar data collected in 2000. In addition, it reviews available Colorado HEDIS (Health Plan Employer Data and Information Set) data to determine the impact of current Medicaid policies on the provision of primary care preventive care services to its beneficiaries. Complete methods are found in the comprehensive reports published separately.^{1,2}

Medicaid eligibility

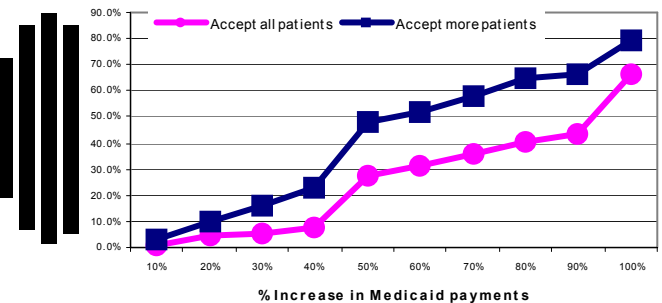
Colorado has the most restrictive public health program eligibility policies for low-income children in the country due to failure to expand eligibility for enrollment in Medicaid beyond the minimum level mandated by the federal government, retention of Medicaid asset testing for children, failure to set eligibility for enrollment in its state child health plan (SCHIP) at the 200% of federal poverty level (FPL) allowed by the federal government, and placement of an enrollment cap on their SCHIP program.

Medicaid participation

Two successive surveys of Colorado pediatricians document a decreasing capacity of private primary care physicians to care for children enrolled in Medicaid. The survey results document a significant decrease (18.5%) during the past 3 years in the percent of pediatricians who accept all Medicaid patients. According to our 2003 survey results, 83% (up from 57% in 2000) of respondents believe that low Medicaid payments have increasingly failed to cover visit overhead costs. If Medicaid rates were increased to 100% of Medicare (about a 50% increase), over half of pediatricians would be willing to accept more Medicaid patients (Figure 1), and if Medicaid rates were doubled

(a 100% increase) so they would be comparable to private rates, 82.4% of Colorado pediatricians indicated they would consider seeing more Medicaid patients and over 65% of pediatricians would accept all Medicaid patients.

Figure 1: Increase in Medicaid payments required for Colorado pediatricians to accept all or more Medicaid patients



In addition to the dominant problem of inadequate reimbursement, many physicians feel there are substantial administrative problems with all three types of Medicaid in Colorado believing (Table 1): Medicaid payments are too unpredictable; the State office is too difficult to work with; it is too difficult to verify enrollment in Medicaid; it is difficult to verify patient's PCP; it takes too long to complete paperwork; that referrals are time consuming and frustrating; finding the formulary time consuming and frustrating; and that regulations interfere with providing care. These problems exacerbate the effect of low payments and further influence the reluctance of pediatricians to accept Medicaid patients.

Table 1 : Reasons rated as very important by Colorado pediatricians in 2003 for limiting or not accepting Medicaid patients

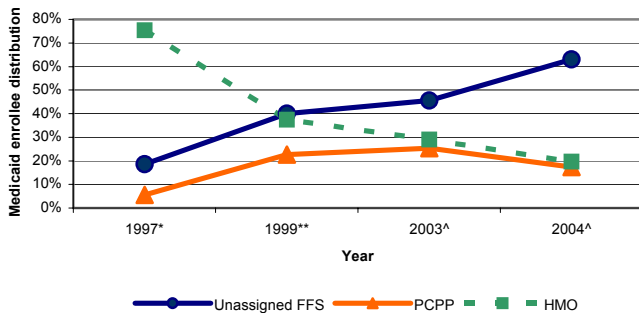
Reasons for Limiting or not Accepting Medicaid Patients	Medicaid Managed Care	Primary Care Provider	Regular Medicaid	2000 Medicaid survey
Number of Pediatric Respondents	64	68	62	97
Medicaid payments are too low	84.2%†	75.0%	75.5%	60%†
Medicaid payments are too unpredictable	61.8%†	41.1%†	35.4%	27.6%†
It takes too long to receive payments	38.8%	35.7%	34.0%	27.0%
Managed care plan difficult to work with	57.1%	NA*	NA	NA
Difficult to verify enrollment in HMO	50.9%	NA	NA	NA
State office too difficult to work with	NA	46.6%	46.2%	NA
Difficult to verify enrollment in Medicaid	48.1%	39.3%	40.8%	NA
Difficult to verify patient's PCP	50.9%	41.8%	33.3%	NA
It takes too long to complete paperwork	42.9%†	27.6%	24.0%	27.2%†
Referrals time-consuming and frustrating	36.4%	19.3%	23.5%	NA
Formulary time-consuming and frustrating	31.5%	22.8%	24.0%	NA
Regulations interfere with providing care	26.8%†	15.8%	20.4%†	6.8%†

* Abbreviations used: NA = non-applicable; HMO = health maintenance organization; PCP= primary care provider
 † Implies significant difference (p-value < 0.05) between 2000 and 2003 respondents for each category

Medicaid enrollment

As a result of an administrative decision to decrease the Medicaid HMO option, possibly aggravated by the impact of the aforementioned reimbursement deficiencies, children without an assigned PCP (UFFS) have increased significantly (Figure 2).

Figure 2: Distribution of Medicaid Enrollees in Unassigned Fee for Service (UFFS), Primary Care Physician Program (PCPP) and Managed Care HMO from 1997 to 2004



Preventive care services

At the time that a major shift from HMO to UFFS was noted, qualitative changes in care were also occurring. UFFS patients were much less likely to have a primary care visit by age group. Children 25 months to 11 years of age enrolled in the UFFS program in 2001 were 1.9 times less likely to have a visit with a primary care physician compared to those enrolled in the PCPP program.

For 2001 and 2002 children enrolled in UFFS are less likely to receive immunizations compared to those enrolled in the PCPP as well as all children enrolled in Medicaid. Compared to Kaiser Medicaid clients in 2001, UFFS clients had vaccination rates 1.5 to 3 times lower, suggesting that it is not the patient but rather the system (or lack thereof) that most influences vaccination rates. HEDIS reports document that children enrolled in the UFFS program compared to the PCP program and HMO program are the least likely to have a visit with a primary care physician, the least likely to receive preventive health care, and the least likely to be fully immunized.

Discussion

This report summarizes data documenting the diminishing ability of the Colorado Medicaid program to provide children access to the benefits of a medical home including primary care physicians, basic preventive care services and immunizations.^{1,2} While private pediatricians and family physicians are providing the care for large numbers of uninsured and publicly-insured children in spite of inadequate reimbursement, their ability to continue to care for these populations is rapidly being eroded.³

This report suggests that State Medicaid eligibility, administrative and reimbursement policies all have contributed to decreased access to needed care and compromised the health status of Colorado's children. The *de facto* lack of access that unavailability of primary care physicians creates may be one reason why Medicaid children have a significantly higher rate of vaccine-preventable diseases in Colorado^{4,5}, higher rates of

complicated appendicitis⁶, and an increased incidence of severity of diabetic ketoacidosis.⁷ A recent editorial written by Chris Johnson, a pediatric intensivist in Colorado Springs, explained how the lack of primary care is compromising the quality of care and increasing costs.⁸ Research has shown that having a PCP as a usual source of care can decrease total Medicaid expenses by as much as one-third.⁹ A recent study shows a marked reduction in Emergency Department utilization (and costs) by Medicaid patients with access to pediatric care.¹⁰

Medical homes and continuity-of-care can be provided in several ways. Federally Qualified Health Centers (FQHC) are one successful model, but their capacity and geographic distribution in Colorado is limited. Improvement in Medicaid reimbursement rates to levels just one-half of FQHC rates could increase private physician access for Medicaid patients while decreasing overall cost and morbidity associated with lack of a medical home. Shifting the site of care in Colorado for large numbers of children from less expensive private practice pediatricians to more expensive hospital emergency rooms/clinics will conversely substantially increase the per child Medicaid expenditures and likely compromise outcomes further.

References

1. Berman S, Brock C, Armon C, Todd J. Factors Influencing Access to Healthcare for All Colorado's Children, 2000-2003. State of the Health of Colorado's Children, 2004.
2. Berman S, Armon C, Todd J. Access and quality of preventive primary care services provided to Colorado children enrolled in Medicaid: An analysis of HEDIS performance reports from 1999-2002. State of the Health of Colorado's Children, 2004
3. Berman S, Dolins J, Tang SF, Yudkowsky B. Factors that Influence the Willingness of Private Primary Care Pediatricians to Accept more Medicaid Patients. Pediatrics 2002;110(2 Pt 1):239-48.
4. Glazner J, Beaty B, Pearson K, Berman S. The Cost of Giving Childhood Vaccinations: Differences among Provider Types. Pediatrics 2004 June
5. Anderson M, Todd J. Vaccine-preventable Diseases in Colorado's Children, 2002. State of the Health of Colorado's Children. 2003.
6. Bratton, S. L., C. M. Haberkern, et al. Acute appendicitis risks of complications: age and Medicaid insurance. Pediatrics. 2000;106(1 Pt 1): 75-8.
7. Maniatis AK, Goehrig SH, Rewers A, Walravens P, Klingensmith GJ. Increasing incidence and severity of diabetic ketoacidosis among uninsured children with newly diagnosed type 1 diabetes. Presentation at the American Diabetes Association National Meeting Orlando Florida June 2004
8. Johnson C. Guest Commentary: Health care is crazy. Denver Post. May 14, 2004.
9. Cohen JW, Cunningham PJ. Medicaid physician fee levels and children's access to care. Health Affairs Spring 1995; 255-262.
10. Johnson, W. G. and M. E. Rimsza. The effects of access to pediatric care and insurance coverage on emergency department utilization. Pediatrics 2004;113(3 Pt 1): 483-7.