

Rhode Island Access Monitoring Review Plan

Section 1: Overview

Rhode Island Medicaid provides healthcare coverage for low-income individuals, including children, pregnant women, individuals with disabilities, elderly, parents and other adults. The Rhode Island Executive Office of Health and Human Services (EOHHS) is the single state agency that administers RI Medicaid. RI Medicaid currently provides coverage to approximately 317,000 Rhode Islanders, with program expenditures overall totaling approximately \$2.3 billion in state fiscal year (SFY) 2015¹.

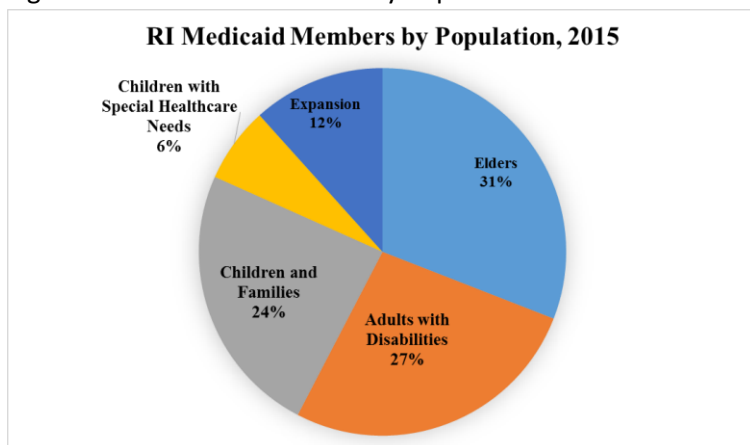
As of July 2015, Rhode Island had a total population of just over 1 million people². With 11 acute care hospitals and a large network of federally qualified health centers throughout the state, there are numerous options for Medicaid members.

RI EOHHS measures and monitors indicators of healthcare access to ensure that its Medicaid members have access to care that is comparable to the general population. This report is intended to describe the data that will be used to measure access to care for members in a fee-for-service arrangement, in accordance with 42 CFR 447.203. The access plan was developed during the months of January through August 2016. Analysis of the data and information contained in this report show that RI Medicaid members have access to healthcare that is similar to that of the general population in RI.

Member Population

In 2015, the RI Medicaid program provided coverage to approximately 317,000 Rhode Islanders. Approximately 87% of these members are enrolled in managed care. The 13% receiving care through FFS primarily include Elders, Adults with Disabilities, and Children and Families.

Figure #1: Medicaid Members by Population



¹ Source: RI Annual Medicaid Expenditure Report – SFY 2015.

http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Reports/RI_Medicaid_Expend_SFY2015_FINAL2_06082016.pdf

² Source: Population Division, US Census Bureau. <http://www.census.gov/quickfacts/table/PST045215/44>

Figure #1 shows the distribution of RI Medicaid FFS members by population in SFY 2015. Thirty-one percent (31%) were elders, twenty-seven percent (27%) were adults with disabilities, twenty-four percent (24%) were children and families, twelve percent (12%) were Expansion, and six percent (6%) were children with special healthcare needs.

Section 2: Comparison Analysis of Medicaid Payment Rates

Data Source:

HealthFacts RI, Rhode Island's All-Payer Claims Database, is a new powerful dataset that can be used to examine the use, quality, and cost of healthcare provided to Rhode Islanders. It is projected that this database includes information on 4 out of 5 Rhode Islanders.

Limitations:

Only a limited extract of utilization and payment rate data from HealthFacts RI was available to support the Access Plan. There are a few updates scheduled for HealthFacts RI Analytics that will improve this Access Plan. For instance, some procedures are typically bundled (particularly obstetrics and minor surgeries), which needs more thorough analysis and application of episode grouping software and will be available in future reports. Provider to organization relationships are lacking in the current HealthFacts RI data. Future integration with Rhode Island Quality Institute's Statewide Provider Directory will assist in resolving this issue. Lastly, Medicare FFS data is expected to be available in January 2017.

Methodology:

Data extracted from HealthFacts RI for 2015 is reported, using billing provider. Due to the large size, aggregated data extracts were used for Emergency Department and general office visits. This necessitated using a weighted mean with trimmed outliers. Granular data were used for all other visit types, so the average was measured using median after trimming outliers. Zero-dollar claims were removed from the initial dataset by the vendor.

Commercial line of business is made up of Blue Cross Blue Shield of RI (BCBSRI) and United Healthcare Insurance Company (UHIC) commercial products, including both fully insured and self-insured entities. We chose to limit commercial to BCBSRI and UHIC BCBSRI and UHIC in order to keep the record volume manageable without compromising accuracy. As they are the two largest carriers, their volume is appropriately representative of the commercial population. There may also be an added benefit to excluding the smaller carriers who have less bargaining power and pay more for similar services. Medicare Advantage and Medicaid MCO were differentiated within commercial payers by using the Product Code field.

Analysis of histograms and boxplots of a subset of CPT codes revealed a large number of outliers, particularly in the low-dollar range for commercial claims. These appeared to be the result of either irregular claims submission practices (putting substantial charges only in claim header) or alternative payment methodologies such as bundling or capitation. For office and emergency department visits the

lower threshold was set at \$19. All other procedures had the lower threshold set at \$25. An upper threshold of \$1,000 was set only for office visits to catch extreme cases but generally outliers were almost entirely in the low-dollar range. The next iteration of this analysis should include a much more thorough evaluation of outliers and will likely result in setting specific thresholds for each individual CPT code or episode of care.

Analysis:

The data in Appendix A shows that in 2015, Medicaid FFS rates ranged from 15% to 44% of the existing commercial rates for provider office visits and 10% to 23% of the existing commercial rates for outpatient office visits. Medicaid FFS rates for ambulatory surgery and minor procedures ranged from 6% to 43% of commercial provider rates and 1% to 11% for that of commercial outpatient rates. The behavioral health specialist results show a wide range for both provider and outpatient rates. The Medicaid FFS rates for imaging and endoscopy range from 16% to 49% of commercial provider rates and 5% to 15% of commercial outpatient rates. Regarding emergency department visit rates, Medicaid FFS rates range from 11% to 17% of the ED visit rates paid by commercial plans.

Appendix A: Analysis of Medicaid Payment Rates

| Office Visits (Adult) 2015 | | | | | | | | | | | | |
|--|--|------------|--------------|------------|--------------|---------------------------------|---------------------------------|------------|------------|--------------|------------|--------------|
| CPT | Weighted Mean Payment (Outliers Trimmed) | | | | | Number of Visits | | | | | | |
| | Commercial | | Medicaid MCO | | Medicaid FFS | Medicaid FFS as % of Commercial | Medicaid FFS as % of Commercial | Commercial | | Medicaid MCO | | Medicaid FFS |
| | Provider | Outpatient | Provider | Outpatient | All Settings | Provider | Outpatient | Provider | Outpatient | Provider | Outpatient | All Settings |
| 99203 Office/outpatient Visit New | \$ 112 | \$ 173 | \$ 91 | \$ 107 | \$ 29 | 26% | 17% | 81,618 | 842 | 17,048 | 372 | 885 |
| 99204 Office/outpatient Visit New | \$ 169 | \$ 247 | \$ 127 | \$ 145 | \$ 46 | 27% | 19% | 47,889 | 734 | 12,399 | 152 | 765 |
| 99205 Office/outpatient Visit New | \$ 219 | \$ 297 | \$ 159 | \$ 166 | \$ 50 | 23% | 17% | 9,167 | 534 | 2,149 | 117 | 155 |
| 99212 Basic office visit for about 10 minutes, straightforward medical decisions, may coordinate with other providers. | \$ 47 | \$ 210 | \$ 43 | \$ 71 | \$ 21 | 44% | 10% | 46,239 | 2,442 | 15,277 | 979 | 557 |
| 99213 Office visit for about 15 minutes, generally medical decisions of low complexity, may coordinate with other providers. | \$ 77 | \$ 144 | \$ 50 | \$ 90 | \$ 22 | 29% | 15% | 466,992 | 5,045 | 97,761 | 5,463 | 4,845 |
| 99214 Office visit for about 15 minutes, medical decisions of moderate complexity, may coordinate with other providers. | \$ 112 | \$ 181 | \$ 72 | \$ 99 | \$ 30 | 27% | 17% | 278,977 | 4,306 | 75,173 | 1,544 | 4,183 |
| 99385 New patient, comprehensive preventive medicine evaluation, history, exam, risk factor reduction, immunizations, lab work, 18-39 yrs old. | \$ 147 | \$ 144 | \$ 103 | \$ 187 | \$ 27 | 18% | 19% | 7,553 | 54 | 1,795 | 14 | 73 |
| 99386 New patient, comprehensive preventive medicine evaluation, history, exam, risk factor reduction, immunizations, lab work, 40-64 yrs old. | \$ 167 | \$ 161 | \$ 126 | \$ 237 | \$ 27 | 16% | 17% | 6,158 | 47 | 1,094 | 7 | 45 |
| 99395 Periodic comprehensive preventive medicine evaluation, history, exam, risk factor reduction, immunizations, lab work, 18-39 yrs old. | \$ 129 | \$ 119 | \$ 58 | \$ 104 | \$ 27 | 21% | 23% | 39,088 | 172 | 7,515 | 185 | 197 |
| 99396 Periodic comprehensive preventive medicine evaluation, history, exam, risk factor reduction, immunizations, lab work, 40-64 yrs old. | \$ 139 | \$ 134 | \$ 65 | \$ 121 | \$ 21 | 15% | 15% | 91,568 | 226 | 6,107 | 66 | 230 |

Notes: A weighted trimmed mean was used because data were provided in aggregate. Trimming was set at visits >\$19

Procedures, Behavioral Health, and Imaging (Adult) 2015

| | Median Payment (Outliers Trimmed) | | | | | | Number of Visits | | | | | |
|--|-----------------------------------|------------|--------------|------------|--------------|---------------------------------|---------------------------------|------------|------------|--------------|------------|--------------|
| | Commercial | | Medicaid MCO | | Medicaid FFS | Medicaid FFS as % of Commercial | Medicaid FFS as % of Commercial | Commercial | | Medicaid MCO | | Medicaid FFS |
| | Provider | Outpatient | Provider | Outpatient | All Settings | Provider | Outpatient | Provider | Outpatient | Provider | Outpatient | All Settings |
| CPT | | | | | | | | | | | | |
| Ambulatory Surgery & Minor Procedures | | | | | | | | | | | | |
| 17000 Destruction of a benign or premalignant lesion via laser surgery, electrosurgery, cryosurgery, chemosurgery, or surgical curettment. | \$ 61 | \$ 202 | \$ 26 | \$ 1,663 | \$ - | 0% | 0% | 11,962 | 62 | 222 | 10 | - |
| 20610 Arthrocentesis, aspiration and/or injection; major joint (shoulder, knee, hip, subacromial bursa). | \$ 78 | \$ 420 | \$ 63 | \$ 118 | \$ 25 | 32% | 6% | 9,002 | 268 | 1,237 | 118 | 61 |
| 29881 Arthroscopic knee surgery, meniscectomy, medial or lateral with meniscal shaving. | \$ 785 | \$ 2,940 | \$ 577 | \$ 1,103 | \$ 336 | 43% | 11% | 802 | 666 | 86 | 99 | 3 |
| 44970 Removal of appendix using an endoscope | \$ 690 | \$ 5,970 | \$ 306 | \$ 1,663 | \$ 178 | 26% | 3% | 358 | 188 | 88 | 47 | 16 |
| 47562 Gallbladder removal- Under Laparoscopic Procedures on the Biliary Tract | \$ 762 | \$ 5,809 | \$ 386 | \$ 1,629 | \$ 89 | 12% | 2% | 833 | 390 | 263 | 134 | 42 |
| 49650 Hernia Repair - laproscopic (outpatient) | \$ 497 | \$ 6,364 | \$ 228 | \$ 1,019 | \$ 53 | 11% | 1% | 287 | 154 | 37 | 30 | 7 |
| 50590 Lithotripsy using extracorporeal shock wave, on an outpatient basis. | \$ 682 | \$ 2,946 | \$ 652 | \$ 1,530 | \$ 40 | 6% | 1% | 353 | 411 | 33 | 73 | 15 |
| 52601 Electro-removal of prostate through bladder canal (urethra) with control of bleeding using an endoscope | \$ 1,015 | \$ 3,487 | \$ 675 | \$ 844 | \$ 321 | 32% | 9% | 55 | 37 | 12 | 6 | 4 |
| BH Specialist | | | | | | | | | | | | |
| 90791 Diagnostic Evaluation - Psychiatric | \$ 130 | \$ 112 | \$ 100 | \$ 94 | \$ 110 | 85% | 98% | 18,371 | 144 | 7,501 | 10 | 23 |
| 90832 30 Minute - Psychotherapy | \$ 65 | \$ 154 | \$ 35 | \$ 44 | \$ 38 | 58% | 25% | 1,965 | 35 | 3,991 | 15 | 9 |
| 90834 45 Minute - Psychotherapy | \$ 76 | \$ 123 | \$ 67 | \$ 102 | \$ 80 | 105% | 65% | 164,821 | 271 | 47,686 | 8 | 3 |
| 90837 60 Minute - Psychotherapy | \$ 75 | \$ 75 | \$ 67 | \$ 74 | \$ - | 0% | 0% | 46,323 | 335 | 7,203 | 1 | - |
| 90847 Family Session - Psychotherapy | \$ 87 | \$ 111 | \$ 67 | \$ 51 | \$ 80 | 92% | 72% | 23,089 | 25 | 2,360 | 4 | 13 |
| 90853 Group Session - Psychotherapy | \$ 29 | \$ 75 | \$ 30 | \$ 280 | \$ - | 0% | 0% | 5,109 | 940 | 5,673 | 10 | - |
| Imaging & Endoscopy | | | | | | | | | | | | |
| 45378 A diagnostic colonoscopy, may collect specimen(s) by brushing or washing. | \$ 351 | \$ 1,132 | \$ 289 | \$ 642 | \$ 172 | 49% | 15% | 3,400 | 2,542 | 655 | 545 | 85 |
| 70553 Magnetic resonance imaging of the brain, without and then with contrast material. | \$ 419 | \$ 1,232 | \$ 192 | \$ 1,595 | \$ 67 | 16% | 5% | 3,171 | 662 | 887 | 363 | 101 |
| 72100 X-ray exam of the spine, lumbosacral with two or three views. | \$ 45 | \$ 101 | \$ 39 | \$ 45 | \$ - | 0% | 0% | 5,749 | 654 | 306 | 399 | - |
| 73562 X-ray exam of the knee, with three views. | \$ 47 | \$ 103 | \$ 40 | \$ 37 | \$ - | 0% | 0% | 6,978 | 764 | 607 | 362 | - |
| 76805 Ultrasound of a pregnant uterus with real time image documentation, fetal and maternal evaluation, after first trimester. | \$ 182 | \$ 220 | \$ 79 | \$ 239 | \$ 28 | 16% | 13% | 1,715 | 461 | 864 | 1,359 | 109 |
| 77057 Bilateral screening mammogram - two views of each breast, with or without digital image (depends on provider). | \$ 68 | \$ 79 | \$ - | \$ 170 | \$ - | 0% | 0% | 46 | 1,195 | - | 155 | - |

Notes: A trimmed median was used because of low and \$0 claims (likely alternative payment arrangements). Trimming was set at procedures/sessions >\$25

| ED Visits (Adult) 2015 | | | | | | | | |
|---|--|--------------|--------------|---------------------------------|-----------------------------------|------------|--------------|--------------|
| CPT | Weighted Mean Payment (Outliers Trimmed) | | | | Number of Visits | | | |
| | Commercial | Medicaid MCO | Medicaid FFS | Medicaid FFS as % of Commercial | Medicaid FFS as % of Medicaid MCO | Commercial | Medicaid MCO | Medicaid FFS |
| 99281 Emergency room visit for minor problems. | \$ 147 | \$ 156 | \$ - | 0% | 0% | 506 | 865 | - |
| 99283 Emergency room visit for problems of moderate severity. | \$ 331 | \$ 196 | \$ 38 | 11% | 19% | 24,548 | 36,078 | 1,648 |
| 99284 Emergency Dept Visit- high severity but do not pose an immediate significant threat | \$ 468 | \$ 285 | \$ 59 | 13% | 21% | 34,033 | 42,101 | 2,460 |
| 99285 Emergency Dept Visit- high severity and poses an immediate significant threat | \$ 550 | \$ 255 | \$ 93 | 17% | 36% | 23,871 | 17,014 | 2,208 |

Notes: A weighted trimmed mean was used because data were provided in aggregate. Trimming was set at visits >\$19