MACPAC

Medicaid and CHIP Payment and Access Commission

An Update on the Medicaid Primary Care Payment Increase

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Overview

- Review MACPAC's prior work on the payment increase
- Present findings from recent semi-structured interviews
- Discuss policy questions

MACPAC's Prior Work

June 2013 report chapter reviewed research that demonstrated the association between payment rates and provider participation

- Providers also cite patient non-compliance, delayed payment, and paper work requirements as factors that affect participation in Medicaid

Chapter also described the findings from semi-structured interviews with officials in seven states (October 2012 – January 2013)

State Experiences with Implementation

MACPAC conducted semi-structured interviews with officials in eight states (July – September 2014)

Findings in four areas describe the implementation experience in these states

Provider Outreach and Enrollment

States reported that initial challenges in identifying eligible providers have been largely resolved

State outreach efforts were limited to Medicaid-participating providers

Provider organizations worked with states to inform and educate all providers

Timeliness of Payments

Most states reported making the first increased payments in May 2013 or later

The payment increase was implemented at different times in fee for service and Medicaid MCOs in four study states

Effect on Provider Participation and Primary Care Service Utilization

The payment increase had at best, a modest effect on provider participation according to states and MCOs

Most states reported that the provision had no effect on the use of primary care services

The increase in payment rate varied substantially by service and state

Evaluation Efforts and the Future of the Payment Increase

Nearly all respondents reported that they had no plans to evaluate the primary care payment increase, nor had states been asked to provide data to CMS

Six states plan to continue to pay Medicare rates for primary care services at their usual match rate in 2015

An additional eight states plan to continue to pay at higher rates, although not necessarily Medicare level, according to a recent survey

Policy Questions

What conclusions can be drawn about the impact of the provision?

How well does increasing primary care rates for certain services relate to promoting access to primary care?

How can the outcomes related to the primary care payment increase be measured?

Does the provision warrant an extension?