MACPAC

Medicaid and CHIP Payment and Access Commission

Sites of Care Serving Medicaid Enrollees

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Overview

- Policy issues
- Data on Medicaid enrollees' contact with sites of care
- Potential areas for future work

Policy Issues

Use of lower cost sites

- Ensure broad access and encourage use
- Maximize cost-efficient service use

Use of higher cost, specialized sites

- Ensure access when appropriate
- Minimize unnecessary use

Preliminary Look at Sites of Care

Where do enrollees receive care?

- Ambulatory (i.e., offices, health centers)
- Inpatient hospital
- Psychiatric facilities
- Residential, long-term care facilities

Percent having contact with the site

- Any service (i.e., non-practitioner, imaging)
- FFS and managed care data

Population

Exclusions

- Dually eligible for Medicare and Medicaid
- Eligible for restricted benefits only
- Individuals in managed care in 11 states

Analysis population

- Non-dually eligible
- Eligible for full Medicaid benefits

Data Highlights

83 percent accessed at least one site of care

- Higher contact by full-year enrollees (92-95%)
- Part-year enrollee contact ~20 points lower
- Non-disabled adults had lowest contact rates
- Disabled children had highest contact rates

Institutional and Home Settings

Inpatient contact ranged from 1 to 29 percent

- Highest rate for disabled adults

Few accessed residential or long-term care facilities (<1 percent overall)

- Receipt of care in home-based settings was higher for every eligibility group

Offices, Hospital OPD, and EDs

Offices served more enrollees than other sites

- Contact ranged from 48 to 84 percent

Followed by hospital outpatient dept (OPD)

- Contact ranged from 30 to 71 percent

Outpatient ED contact lower than OPD

- Higher for disabled (vs non-disabled)
- Higher for full-year (vs part-year)

Health Centers

Health centers served 16 percent of enrollees

- Includes FQHCs, rural health clinics, community mental health centers
- 11 percent accessed FQHCs
- More disabled adults accessed health centers (25 percent) than other eligibility groups

Data Considerations

- Household surveys show comparable percent having contact with EDs, inpatient hospital, percent with no ambulatory contact
- MSIS does not capture services to Medicaid patients and not billed to Medicaid
- Limited-benefit plans (i.e. for mental health, dental) are known to underreport encounters

Potential Areas for Further Work

What explains low ambulatory contact by some groups?

Would a different mix in site use yield savings?

Which trends are important to track?

Do payment policies explain patterns of use?

What is the geographic availability of sites?