



Accreditation of Medi-Cal, Healthy Kids
and Healthy Families Program.

Navigating Managed Care: Assessing Quality of Services Reported By Patients With Disabilities, Transitioned from Medicaid Fee-For-Service (FFS) Into a Large Urban Medicaid Managed Care Plan

**Session: 4168.0 Emerging Issues in Disability & Public Health
Section: Disability**

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Presenter Disclosures

S. Rae Starr



The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

I am employed as a Senior Biostatistician at L.A. Care Health Plan – the Local Initiative Health Authority of Los Angeles County, California.

L.A. Care is a public entity competing with commercial insurers in the Medicaid and S-CHIP markets in L.A. County.

Notes:

CAHPS® is a registered trade name of the Agency for Healthcare Research and Quality (AHRQ).
HEDIS® is a registered trade name of the National Committee for Quality Assurance (NCQA).

Outline



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- I. Learning Objectives.
- II. Background on L.A. Care Health Plan and Conducting the CAHPS Survey for Members with Disabilities.
- III. Health Plan's Adaptation to California's 1115 Waiver Program.
- IV. Demographics of Former-FFS SPD Members.
- V. Analysis of CAHPS Scores in Domains of Service: Former-FFS SPD Members vs Voluntary Enrollees vs Non-SPD Members.
- VII. Recap of Learning Objectives.
- VI. Actionability of Findings.

This briefing updates results of a pilot study presented in the Disability section at the 2012 APHA Annual Meeting. The pilot study covered the first 1/6th of California's transitioned of FFS SPD patients into one managed care health plan. This briefing covers the full transition, as captured in CAHPS 2013.

Use of Terms:

"Mandatory SPD": Seniors and people living with disabilities who were formerly covered in Fee-For-Service (FFS) Medicaid (Medi-Cal), mandatorily transitioned to managed care (MC) starting 06/01/2011 under a CMS 1115 Waiver received by the California Department of Health Care Services (DHCS).

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I. Learning Objectives

1. Describe how former-Fee For Services (FFS) patients rate the quality of health care services in managed care.
2. Contrast ratings of service quality by former-FFS patients with disabilities versus the general Medicaid population.
3. Compare ratings of health care services by patients with disabilities who opted into managed care versus patients mandatorily transitioned into managed care from Medicaid FFS.
4. Identify health care services for which former-FFS adults and children with disabilities, as groups, manifest different problems or needs.
5. Describe lessons learned in adapting services to accommodate incoming former-FFS patients with disabilities.



Terminology:

“Mandatory SPD”: Seniors and people living with disabilities who were formerly covered in Fee-For-Service (FFS) Medicaid (Medi-Cal), mandatorily transitioned to managed care (MC) in a 12-month transition, formally beginning 06/01/2011 under a CMS 1115 Waiver received by the California Dept. of Health Care Services (DHCS).

II. Background – L.A. Care Health Plan



Large, diverse membership in Los Angeles, California: * **L.A. Care**
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- Mostly Medicaid, urban, 2/3rd pediatric, often Spanish-speaking.
- Roughly 21% of Medicaid managed care population in California.
- Roughly 2.1% of Medicaid managed care population in the U.S.
- Roughly 1-in-14 L.A. County residents is an L.A. Care member.
- Mostly Medicaid, some S-CHIP, SNP, and special programs.
- Serves 10 distinct language concentrations ("threshold languages"): Spanish, English, Armenian, Korean, Cambodian, Chinese, Russian, Vietnamese, Farsi, Tagalog.
- Mostly urban and suburban; 1 semi-rural region in the high desert.

* Federal and State statistics as of 2009.

Deployment of CAHPS Health Plan Survey at L.A. Care



Consumer Assessment of Healthcare Providers & Systems (CAHPS):

- Annual surveys conducted for regulatory or accreditation purposes:
 - HEDIS assesses quality of *clinical care* using medical records.
 - **CAHPS assesses quality of service based on member opinion.**
- L.A. Care uses the CAHPS 5.0H Medicaid Adult and Child surveys.
 - For pediatric members (ages 0-17.9), a parent or guardian is surveyed.
 - L.A. Care uses the CAHPS “Children with Chronic Conditions” (CCC) instrument.

L.A. Care Medicaid Response Rates

| | <u>ADULT</u> | <u>CHILD</u> |
|--------------------------|--------------|--------------|
| 2010 | 31.0% | 39.1% |
| 2011 | 28.9% | 34.1% |
| 2012 | 28.4% | 36.8% |
| 2013 | 31.9% | 37.4% |
| 1 respondent represents: | 637 members | 725 members |

Representative adult sample and oversample available for CAHPS 2013 analysis:

| | | |
|--|----------------------|----------------------|
| Mandatory SPD (waivered / former FFS): | 27.1% (n=142) | 1.1% (n= 8) |
| Oversample included for group comparisons: | n=448 | n=165 |
| Voluntary SPD (existing Managed Care): | 17.2% (n= 90) | 3.1% (n= 23) |
| Non-SPD (Medicaid/Medi-Cal TANF): | 55.7% (n=292) | 95.8% (n=705) |

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III. L.A. Care Health Plan's Adaptation to the 1115 Waiver



State agency's purpose in the waiver: Cover all subscribers who are eligible; control costs; and improve care for vulnerable populations:

- 1115 Waiver sought to move approximately 120,000 patients into L.A. Care's managed care plan from June 1, 2011 to May 31, 2012. Many moved earlier.

Accommodating the transition in FFS membership impacted nearly every functional department in the health plan, including trainings, hiring staff, contracting, development of supporting programs and materials.

- Provider Network Operations (keep same provider if possible; focus enrollment toward more capable provider groups; training; expand contracts with home health, SNF, etc.).
- Member Services (added staff; hired health navigators; training on complex calls; changed assignment algorithm to best assist SPD enrollees who stated no preference).
- Medical Management (hired additional care coordinators, social worker, refined health risk assessment process; ranking of IPAs; sought improved access to mental health services; automated authorization process).
- Pharmacy (added staff; continued non-formulary meds 90 days; educated pharmacies).
- Culture & Linguistics (trained staff and providers on disability issues).
- Health Education (did needs assessments; workshops for members).
- Other: Communications, Family Resource Centers, Sales & Outreach, Claims; Legal; Government Affairs; I.T. and Health I.T.; Special Projects.

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IV. Demographics of Mandatory SPD Respondents in CAHPS 2013

Among Mandatory SPD enrollees, adults outnumber children 9-to-1.



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| | Adult non-SPD | Adult Mandatory SPD | Child non-SPD | Child Mandatory SPD |
|----------------------|---|------------------------------------|---|------------------------------------|
| Gender: | <i>(Mandatory SPD has more male than non-SPD.)</i> | | | |
| Female: | 70.6% | 54.0% | 48.8% | 37.6% |
| Male: | 29.4% | 46.0% | 51.2% | 62.4% |
| Age: | <i>(Adults: Mand. SPD much older than non-SPD.)</i> | | | |
| Under 11.9: | | | 47.6% | 56.1% |
| 12-17.9: | | | 52.4% | 43.9% |
| 18 to 45.9: | 51.0% | 24.3% | <i>(Children: Mand. SPD much younger than non-SPD.)</i> | |
| 46-65.9%: | 37.0% | 56.5% | | |
| 66+: | 12.0% | 19.2% | | |
| Language: | <i>(Language barrier in the survey and/or services?)</i> | | | |
| English: | 49.8% | 49.8% | 39.4% | 53.5% |
| Spanish: | 34.9% | 27.0% | 56.0% | 36.3% |
| Other: | 15.3% | 23.2% | 4.6% | 10.2% |
| Ethnicity | <i>(Differences in access and/or willingness to declare ethnicity?)</i> | | | |
| Hispanic: | 50.8% | 33.9% | 76.2% | 37.6% |
| White: | 17.2% | 21.88% | 8.0% | 7.0% |
| Black: | 17.7% | 21.65% | 8.6% | 8.9% |
| API / Other: | 7.6% | 14.29% | 4.2% | 5.7% |
| (Declined / Missing) | 6.7% | 8.26% | 3.0% | 40.8% |

Bold =
areas where
SPD are
distributed
differently
from TANF.

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V. Analysis: Domains of Service Measured in CAHPS

Quality improvement activities typically view the CAHPS scores and domains below as service areas to be tracked, improved, and evaluated as programs' measures-of-effectiveness (MOEs):



- **Ratings** are single-question measures where members rate services on a scale from 0 (worst) to 10 (best) services possible:
 - Health Plan;
 - Health Care Received;
 - Personal Doctor;
 - Specialist Seen Most Often.
- **Composites** are indices calculated from multiple CAHPS questions:
 - Getting Needed Care (primarily authorizations);
 - Getting Care Quickly (speed of access to urgent and non-urgent care);
 - Provider Communication;
 - Health Plan's Customer Service;
 - Shared Decision-making with Patient.
 - Health Promotion and Education.
 - Coordination of Care.

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Service Quality Ratings – First 2 Months of Transition – ADULTS

CAHPS 2012

| | <u>Non-SPD</u> | <u>Voluntary SPD</u> | <u>Mandatory SPD</u> |
|--------------------------------------|----------------|--------------------------|--------------------------|
| • Ratings: | | | |
| – Health Plan (AQ35): | 66.1% | 80.0% | 54.1% |
| – Health Care Received (AQ12): | 66.0% | 69.2% | 56.0% |
| – Personal Doctor (AQ21): | 71.0% | 81.9% | 68.9% |
| – Specialist Seen Most Often (AQ25): | 65.7% | 88.4% | 69.8% |
| – Pharmacy Services (AQ56o): | 83.1% | 81.3% | 75.6% |
| • Composites: | | | |
| – Getting Needed Care: | 65.3% | 73.8% | 60.7% |
| – Getting Care Quickly: | 70.3% | 81.1% | 65.3% |
| – Provider Communication: | 84.5% | 86.4% | 81.6% |
| – Health Plan’s Customer Service: | 79.3% | 76.9% | 67.3% |
| – Patient Shares in Decision-making: | 58.8% | 57.9% | 49.6% |



Notes:

Diff. of proportions tests, $\alpha=0.50$.

Green = significantly higher **Red** = significantly lower

Mixed = signif. lower than highest, but higher than lowest.

NA = insufficient eligible respondents (threshold: $n \geq 30$)

Gray = inconclusive (underpowered)

Pharmacy rating is a measure L.A. Care adds – not a core CAHPS measure.

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Service Quality Ratings -- First Full Year of Transition – ADULTS

CAHPS 2013



| | <u>Non-SPD</u> | <u>Voluntary SPD</u> | <u>Mandatory SPD</u> |
|--------------------------------------|----------------|----------------------|----------------------|
| • Ratings: | | | |
| – Health Plan (AQ35): | 70.3% | 70.0% | 67.3% |
| – Health Care Received (AQ12): | 69.3% | 62.7% | 67.9% |
| – Personal Doctor (AQ21): | 77.0% | 79.1% | 74.8% |
| – Specialist Seen Most Often (AQ25): | 73.9% | 80.8% | 74.9% |
| – Pharmacy Services (AQ56o): | 83.0% | 70.0% | 77.8% |
| • Composites: | | | |
| – Getting Needed Care: | 69.0% | 78.1% | 70.7% |
| – Getting Care Quickly: | 72.5% | 81.6% | 73.2% |
| – Provider Communication: | 84.8% | 86.1% | 87.3% |
| – Health Plan’s Customer Service: | 84.1% | 83.7% | 87.6% |
| – Patient Shares in Decision-making: | 49.7% | 54.7% | 48.3% |

Notes:

Diff. of proportions tests, $\alpha=0.50$.

Green = significantly higher **Red** = significantly lower

Mixed = signif. lower than highest, but higher than lowest.

NA = insufficient eligible respondents (threshold: $n \geq 30$)

Gray = inconclusive (underpowered)

Pharmacy rating is a measure L.A. Care adds – not a core CAHPS measure.

No systematic disparities between Mandatory SPD and non-SPD. Voluntary SPD might navigate best.

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Service Quality Ratings -- First 2 Months of Transition – CHILDREN

CAHPS 2012



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| | <u>Non-SPD</u> | <u>Voluntary SPD</u> | <u>Mandatory SPD</u> |
|--------------------------------------|----------------|----------------------|----------------------|
| • Ratings: | | | |
| – Health Plan (CQ54): | 82.6% | 72.5% | 66.7% |
| – Health Care Received (CQ13): | 77.1% | 64.2% | 77.1% |
| – Personal Doctor (CQ39): | 83.0% | 73.3% | 80.0% |
| – Specialist Seen Most Often (CQ46): | 79.2% | 92.3% | 68.8% |
| – Pharmacy Services (CQ82o): | 81.0% | 74.4% | 78.8% |
| • Composites: | | | |
| – Getting Needed Care: | 66.7% | 40.4% | 61.9% |
| – Getting Care Quickly: | 78.4% | 77.5% | 73.7% |
| – Provider Communication: | 83.7% | 85.7% | 84.3% |
| – Health Plan’s Customer Service: | 73.8% | 66.7% | 85.5% |
| – Patient Shares in Decision-making: | 66.2% | 59.1% | 60.9% |
| – Coordination of Care (CCC): | 73.6% | 70.6% | 65.9% |

Notes:

Diff. of proportions tests, $\alpha=0.50$.

Green = highest (stat. signif) among above 3 categories **Red** = lowest (stat signif.)

Mixed = signif. lower than highest, but higher than lowest.

NA = insufficient eligible respondents (threshold: $n \geq 30$) Gray = inconclusive (underpowered)

Pharmacy rating is a measure L.A. Care adds – not a core CAHPS measure.

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Service Quality Ratings -- First Full Year of Transition – CHILDREN

CAHPS 2013



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| | Voluntary | | Mandatory |
|--------------------------------------|----------------|------------|------------|
| | <u>Non-SPD</u> | <u>SPD</u> | <u>SPD</u> |
| • Ratings: | | | |
| – Health Plan (CQ54): | 84.1% | 81.3% | 68.1% |
| – Health Care Received (CQ14): | 79.5% | 69.2% | 75.9% |
| – Personal Doctor (CQ41): | 84.0% | 84.6% | 79.5% |
| – Specialist Seen Most Often (CQ48): | 82.8% | NA | 80.0% |
| – Pharmacy Services (CQ82o): | 82.8% | 70.0% | 75.6% |
| • Composites: | | | |
| – Getting Needed Care: | 77.3% | 92.3% | 75.7% |
| – Getting Care Quickly: | 81.6% | 72.5% | 83.6% |
| – Provider Communication: | 83.7% | 95.5% | 82.5% |
| – Health Plan’s Customer Service: | 85.7% | 85.7% | 85.6% |
| – Patient Shares in Decision-making: | 49.9% | 58.3% | 62.6% |
| – Coordination of Care (CCC): | 64.6% | 66.7% | 63.7% |

Notes:

Diff. of proportions tests, $\alpha=0.50$.

Disparities remain: Mandatory SPD vs non-SPD.

Green = highest (stat. signif) among above 3 categories **Red** = lowest (stat signif.)

Mixed = signif. lower than highest, but higher than lowest.

NA = insufficient eligible respondents (threshold: $n \geq 30$) Gray = inconclusive (underpowered)

Pharmacy rating is a measure L.A. Care adds – not a core CAHPS measure.

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Summary: Mixed Findings in Main CAHPS Measures



Among adults, ratings of services by Mandatory SPD members are statistically indistinguishable from non-SPD members.

CAHPS 2012 results for adults were mixed, but leaned negative.

CAHPS 2013 results for adults indicate no systematic disparities.

- The results corroborate that ratings in 2012 by members who transitioned earliest, were either due to temporary problems or opposition being transitioned involuntarily.
- One negative exception needing exploration is the rating of pharmacy services.

Among parents of pediatric members, Mandatory SPD members rated services more negatively than parents of *non-SPD child* members.

One surprising finding persists: SPD members who are voluntarily in managed care, often rate services significantly better than Mandatory SPD members and non-SPD members, suggesting that patients with disabilities can receive good service from managed care. Reasons may include:

- Many voluntary SPD members are enrolled in a high-performing health plan that is contracted to L.A. Care, but which has an enrollment cap.
- Voluntary SPD members may be longer-term members with more experience navigating Managed Care than new SPD members, or even TANF members.

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VI. Recap of Learning Objectives

1. Describe how former-Fee For Services (FFS) patients in Medicaid rate the quality of health care services in managed care (MC).
CAHPS 2012 ratings by the first Mandatory SPD adults were negative.
CAHPS 2013 ratings by the full cohort, are largely neutral.
2. Contrast former-FFS patients with disabilities versus the general Medicaid population, to identify facets of health care services requiring additional adaptation.
CAHPS 2013 results show no systematic disparities between Mandatory SPD adults and non-SPD adults, but pediatric members have more negative ratings.
3. Compare ratings of health care services by patients who opted into MC, versus patients transitioned into managed care from FFS, to identify facets of care with special need.
Voluntary SPD members continue to give higher ratings than those given by members Mandatory SPD members and non-SPD members. No facets stand out.
4. Identify health care services for which former-FFS adults and children with disabilities, as groups, manifest different problems or needs.
Pharmacy merits specific attention (focusing first on sub-contracted health plans, which can differ in formularies and their contracted pharmacy networks.)
5. Describe lessons learned in adapting services to accommodate incoming former-FFS patients with disabilities.
Advance preparations are vital. Identifying Mandatory SPD members in the Medicaid enrollment stream was a challenge, and some transitioned early, without notice. Tracking the displaced population is worthwhile. SPD members, as a group, are not automatically less satisfied than TANF members.



VII. Actionability

The following were initial challenges, and remain areas for adaptation and intervention:



- Growing infrastructure in-house to accommodate large numbers of members in transition.
 - Likelihood of similar service needs for upcoming transition of Dual-Eligible subscribers to Managed Care by California DHCS in 2014.
 - Medicaid health plans, in particular, are being drawn into new lines of business simultaneously, as federal, state, and local agencies adjust their own health care system portfolios.
- Growing external infrastructure by expanding contracted provider networks to handle additional caseload from ACA and Medicaid expansion.
- Exploring the emergence of negative scores among pediatric Mandatory SPD members; and the drivers of the pharmacy rating among Mandatory SPD members.

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