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Monday Morning Medicaid Must Reads

Helping you consider differing viewpoints. Before it's illegal.

October 14th, 2019

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In this issue...

Clay's summary: The rule is intended to show whether docs get paid enough to "encourage" them to provide Medicaid services, but it takes a good bit of effort to report on that info. And docs don't like the idea of removing anything intended to make sure they get paid.

Key Excerpts from the Article:

In the rule,(www.govinfo.gov) published in the July 15 Federal Register, CMS noted its intention to ease some of the administrative burden that states currently face in trying to document whether Medicaid payments in fee-for-service systems are high enough to encourage physicians and other health care professionals to provide services to Medicaid beneficiaries.

The proposed rule outlines CMS' contention that by compelling states to collect specific information, the agency "excessively constrains state freedom to administer the program in the manner that is best for the state and the Medicaid beneficiaries in the state."

The AAFP noted its shared commitment to reducing administrative burden for states and clinicians, but argued that the proposed rule, as written, would likely negatively affect Americans in rural areas, as well as some of the country's most vulnerable patient populations that depend on Medicaid for health care services.

Read full article in packet or at links provided

Article 2: *Walmart's First Healthcare Services 'Super Center' Opens, Bruce Japsen, Forbes*

Clay's summary: Amazon is creating empty shelves / space in those huge Walmart buildings. So far Bezos hasn't figure out how to do 2 day shipping on a doctor's visit, so Walmart is opening clinics. CVS, too...

Key Excerpts from the Article:

The retailers see 10,000 baby boomers aging into Medicare coverage each day and are also looking to fill emptying space in their brick and mortar stores in the face of changing consumer shopping habits driven by online retail giant Amazon, which is also exploring new

ways to get into the healthcare business but has yet to offer face-to-face personalized healthcare services for customers...
This year, CVS has said its new health hub concept store will reach four U.S. metropolitan areas and 50 locations by the end of this year as part of a major expansion. CVS said the HealthHub rollout will grow to 1,500 locations by the end of 2021, or about 500 HealthHubs a year, CVS chief executive officer Larry Merlo told analysts on the company's second quarter earnings call.

Read full article in packet or at links provided

Article 3: *Medicaid expansion increased ED use, study shows, Modern Healthcare*

Clay's summary: A Medicaid card provides immunity to medical debt, so ED visits went up. You don't say?

Key Excerpts from the Article:

Patients under Medicaid don't have to fear debt collection, removing one big barrier that could deter someone from a hospital visit. Those visits may be perceived as more convenient than a regular doctor's office visit even if they're more expensive to Medicaid, since the patient doesn't have to find a physician who accepts his or her plan..."This pattern of estimates is intuitive," they wrote. "Medicaid expansion effectively lowers the price of an ED visit for the patient, and so we would expect for an increase in visits for those that are discretionary."In general, people who qualified for Medicaid under the expansion went to doctors or hospitals at higher rates than the people who didn't qualify. The authors said that suggests basing the expansion on income rather than specific categories of need "successfully targeted" the people most in need of medical care.

That suggestion held in non-expansion states as well. The people in those states who bought plans on the individual market exchanges

with the aid of income-based subsidies were also those who most needed medical care.

Read full article in packet or at links provided

AAFP Objects to Planned End of Medicaid Access Rule

SourceURL: https://www.aafp.org/news/government-medicine/20190918medicaidaccess.html

AAFP Objects to Planned End of Medicaid Access Rule

Better Approach Would Increase Medicaid Physician Payment, Academy Tells CMS

September 18, 2019 04:12 pm News Staff

In a Sept. 11 letter(2 page PDF) to CMS Administrator Seema Verma, M.P.H., that was signed by AAFP Board Chair Michael Munger, M.D., of Overland Park, Kan., the Academy said it does not support CMS' proposed rescission of the Medicaid access rule because doing so "could jeopardize access to critical Medicaid coverage" for millions of Americans.

The AAFP appealed to CMS to withdraw the proposed rule.

In the rule,(www.govinfo.gov) published in the July 15 *Federal Register,* CMS noted its intention to ease some of the administrative burden that states currently face in trying to document whether Medicaid payments in fee-for-service systems are high enough to encourage physicians and other health care professionals to provide services to Medicaid beneficiaries.

The proposed rule outlines CMS' contention that by compelling states to collect specific information, the agency "excessively constrains state freedom to administer the program in the manner that is best for the state and the Medicaid beneficiaries in the state."

The AAFP noted its shared commitment to reducing administrative burden for states and clinicians, but argued that the proposed rule, as written, would likely negatively affect Americans in rural areas, as well as some of the country's most vulnerable patient populations that depend on Medicaid for health care services.

The AAFP suggested that rather than rescind the Medicaid access rule, the agency should instead review data already reported by states. Doing so would help CMS better evaluate patient access to the Medicaid program.

The letter pointed out that states first submitted access monitoring review plan data in October 2016 and will do so again shortly -- by Oct. 1, 2019.

"The access monitoring requirements enacted under the 2015 rule were a positive first step to ensure beneficiaries can access needed services," said the AAFP.

The letter encouraged CMS to "build on this first step, review 2019 submissions and improve our understanding of access in the states before loosening the monitoring requirements."

Medicaid beneficiaries deserve access to high-quality care when they need it, and access to necessary services is particularly critical for patients with disabilities and those with chronic and complex health conditions, said the AAFP.

Treatment delays lead to poorer outcomes and unnecessary costs to the health care system, the letter added.

The AAFP noted its agreement with a stand taken by the Medicaid and CHIP Payment and Access Commission in a May 2018 letter(www.macpac.gov) that asked CMS to monitor rate reductions and to maintain a process for beneficiaries, physicians and other health care professionals to tell CMS about the implications of these reductions.

The AAFP also called on CMS to continue to seek public input on Medicaid payment rate changes to

- ensure transparency,
- incorporate broad stakeholder perspective and
- guard against unintended consequences.

The AAFP stated that it could support an "aligned strategy" to analyze Medicaid access across programs as long as CMS maintains the current structure until any new approach is finalized.

In closing, the AAFP pointed out that a better way to ensure that Medicaid beneficiaries can access health care would be for states and the federal government to prioritize efforts to raise Medicaid physician payment levels "to at least Medicare rates for services rendered by a primary care physician."

The letter noted that nationwide, Medicaid payment is anywhere from 33% to 66% of Medicare payment for primary care services.

"Lack of parity between these rates has historically created a demonstrable barrier to health care access for low-income, disabled and elderly Medicaid enrollees," said the AAFP.

Many physicians simply cannot afford to provide care to Medicaid patients because of low payment rates, the letter concluded.

Walmart's First Healthcare Services 'Super Center' Opens

SourceURL: https://www.forbes.com/sites/brucejapsen/2019/09/13/walmarts-first-healthcare-services-super-center-opens/#31cd989379d2

Walmart's First Healthcare Services 'Super Center' Opens

Walmart Health's first "super center for basic healthcare services" opened Sept. 13, 2019 in Dallas, Georgia. The Walmart Health center puts key services under one roof including primary care, dental, optometry, counseling, labs, X-ray, hearing and

Walmart Health

Walmart is opening its first 10,000 square-foot “Walmart Health” center that features an array of primary medical services, dental care, and behavioral health services as part of a new model expected to eventually be replicated in other markets.

The first such “Walmart Health” brand center opened Friday in Dallas, Georgia, as a health facility offering more services than the 19 “Care Clinics” Walmart has already operated elsewhere in Georgia, South Carolina and Texas. Walmart executives say the new Walmart Health center is different than earlier clinics that take up about 1,500 square feet inside the store. The retailer says the Care Clinics remain an important part of their healthcare offerings, but are more limited in service.

“We are creating a super center for basic healthcare services,” Sean Slovenski, senior vice president and president of Walmart Health and Wellness said in an interview.

The larger Walmart Health Center puts “key health services under one roof,” a first for the world’s largest retailer when it comes to offering primary care, dental, optometry, counseling, laboratory tests, X-rays, hearing, wellness education and behavioral health.

Another Walmart Health center like the one in Dallas, Ga. is planned for Calhoun, Ga. early next year. Walmart isn’t saying yet whether a national rollout is possible for this model, but Slovenski said the new centers are a “serious” strategy and “not a dabble.”

To be sure, retailers like Walmart have tested many different healthcare concepts over the years and not all have taken hold.

But Slovenski said the new center is formalizing services in the same location and builds on relationships with medical care providers that Walmart has already had.

Medical care providers working at the new health centers are either employed or paid via contracts. Physicians and dentists at the Walmart Health center in Dallas, Ga. are providers already in the community.

Walmart's new Georgia location opening comes as rivals CVS Health and Walgreens Boots Alliance push further into outpatient healthcare services through various models. The retailers see 10,000 baby boomers aging into Medicare coverage each day and are also looking to fill emptying space in their brick and mortar stores in the face of changing consumer shopping habits driven by online retail giant Amazon, which is also exploring new ways to get into the healthcare business but has yet to offer face-to-face personalized healthcare services for customers.

This year, CVS has said its new health hub concept store will reach four U.S. metropolitan areas and 50 locations by the end of this year as part of a major expansion. CVS said the HealthHub rollout will grow to 1,500 locations by the end of 2021, or about 500 HealthHubs a year, CVS chief executive officer Larry Merlo told analysts on the company's second quarter earnings call.

Meanwhile, Walgreens is testing various primary care models in markets across the country. Walgreens has a joint venture with the big health insurer Humana, opening senior clinics in certain markets and the drugstore chain has a partnership with UnitedHealth Group's MedExpress urgent care subsidiary that has opened centers that include X-rays and are staffed by physicians with a door connecting to an adjacent Walgreens store.

But Walmart says the new Walmart Health centers aren't designed to increase foot traffic and customer volume into their stores. Slovenski said Walmart has a different approach.

"We are trying to solve problems for our customers," Slovenski said. "We already have the volume. We have the locations and the right people."

Medicaid expansion increased ED use, study shows

SourceURL: https://www.modernhealthcare.com/medicaid/medicaid-expansion-increased-ed-use-study-shows

Summary: Study varied across 20 states but in general, people covered by Medicaid were shown to visit the ED dept more often.

Medicaid expansion increased ED use, study shows

Medicaid expansion has driven significantly more patients to hospital emergency departments for non-urgent conditions, according to a new Brookings Institution study by health economists.

This finding, which follows a deep dive into states' widely varied Medicaid expansion programs under the Affordable Care Act, represents another rebuttal to the initial predictions that people with health coverage would stop relying on emergency departments for non-emergency care. By law, hospital emergency departments must take any patient regardless of ability to pay.

The analysis also follows an April study from JAMA that came to similar conclusions.

Healthcare economist Craig Garthwaite authored the paper along with collaborators including fellow economists John Graves and Tal Gross. For their analysis they looked at the number of hospital visits by each person who gained Medicaid insurance after the expansion, and where those visits were concentrated. Overall, the new Medicaid patients visited hospitals 20% more than they did before they got coverage, and they mostly opted for emergency departments.

This result isn't surprising, the authors said, given one often-ignored aspect of the emergency care mandate on hospitals known as EMTALA. Even though an emergency department can't reject someone who can't pay, the hospital can still bill that patient after treatment.

"Existing evidence suggests that hospitals do not recover all — or even most — of the costs of providing this service, but they do enact meaningful financial and psychic costs on those from whom they attempt to collect," they wrote. "Non-profit hospitals enjoy tax-exempt status because they provide 'community benefit,' including charity care to the uninsured. But even those non-profit hospitals have been shown to go to great lengths — including litigation and wage garnishment — to recover unpaid bills."

Patients under Medicaid don't have to fear debt collection, removing one big barrier that could deter someone from a hospital visit. Those visits may be perceived as more convenient than a regular doctor's office visit even if they're more expensive to Medicaid, since the patient doesn't have to find a physician who accepts his or her plan.

Additionally, the study's authors did not find an increase in actual emergency or "nondeferrable" visits to hospital EDs.

"This pattern of estimates is intuitive," they wrote. "Medicaid expansion effectively lowers the price of an ED visit for the patient, and so we would expect for an increase in visits for those that are discretionary."

Overall, the authors noted that Medicaid expansion programs did appear to vary significantly over the 20 states they studied. Some states saw big shifts in hospital utilization rates, while others saw very little. The researchers concluded that states' ability to target medical coverage to people who need it most "varied meaningfully."

In general, people who qualified for Medicaid under the expansion went to doctors or hospitals at higher rates than the people who didn't qualify. The authors said that suggests basing the expansion on income rather than specific categories of need "successfully targeted" the people most in need of medical care.

That suggestion held in non-expansion states as well. The people in those states who bought plans on the individual market exchanges with the aid of income-based subsidies were also those who most needed medical care.