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Evaluation of Provider Adequacy in the Iowa Health and Wellness Plan During the First Year

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Overview

The Iowa Health and Wellness Plan (IHAWP) is an expansion of health care, allowed as part of the Affordable Care Act (ACA), primarily to single adults ages 19-64 with incomes below 133% of the Federal Poverty Level (FPL) not otherwise eligible for Medicaid. The program is divided into two components: 1) the Wellness Plan, providing health care coverage to Iowans with incomes at or below 100% FPL through the Medicaid program (public option) and 2) the Marketplace Choice Plan, providing care for Iowans with incomes from 101-133% FPL through the health insurance marketplace (private option). Wellness Plan (WP) members have access to a network of providers enrolled specifically for this plan, but are also able to access a majority of Medicaid-enrolled providers. Marketplace Choice (MPC) members are able to access providers through a select group of insurers.

This report, part of an evaluation of the IHAWP program being conducted by the University of Iowa Public Policy Center (UI PPC), presents information about the initial provider network available to IHAWP members, with a comparison made to the network of providers available to adults in the Medicaid State Plan, administered by the Iowa Department of Human Services. Within MPC two private insurers were available during 2014: Coventry Care of Iowa (Coventry) and CoOportunity Health. Because CoOportunity Health only operated from January 1, 2014-November 31, 2014, ceasing to accept new MPC members after October 31, 2014, information about their network is not included in this report. Thus this report only compares the provider networks for Coventry, Wellness Plan and the Medicaid State Plan.

Wellness Plan members have access to medical services, including hospital and mental health services, through the Medicaid provider network. Members of Coventry receive services through the plan's provider network. As of December 2014, all new Marketplace Choice members were assigned to Coventry, with the option to switch to Wellness Plan. Previous members of CoOportunity Health were auto-enrolled into Wellness Plan on December 1, 2014.

Within this report, we evaluate the networks for primary care, specialty care, hospitals, and mental health services, including safety net providers. Provider networks were identified for these analyses in two ways: 1) the list of providers with whom there was a signed contract to provide care, and 2) contracted providers who had submitted at least one claim (an indication of activity for primary care providers ONLY).

This baseline assessment of the IHAWP provider network is one component of the UI PPC's evaluation of the IHAWP program. Additional reports about the IHAWP program will present or have presented findings from surveys of members and providers, outcomes analyses, and cost analyses.

Research Findings

- 3,057 primary care providers (PCPs) – including family and general practitioners, internists, and OB/GYNs – were contracted with the Iowa Medicaid Enterprise (IME) to provide services to members of both Medicaid State Plan (MSP) and Wellness Plan (WP) during 2014. Among these contracted providers:
  - 249 (8%) submitted any claims for care provided to MSP members during 2014
  - 274 (9%) submitted any claims for care provided to WP members during 2014
  - 48% (n=1,456) were also contracted with Coventry
- 2,710 PCPs were contracted with Coventry during 2014. Among these contracted providers, 899 (33%) submitted any claims for care provided to Marketplace Choice members during 2014.
- 1,765 licensed mental health providers were contracted with IME (MSP and WP) during 2014.
  - There were no licensed mental health providers contracted with IME in 4 counties: Lyon, Worth, Mitchell, and Taylor.
  - For this report, we did not evaluate PCPs as a source of mental health services.
  - Data about Coventry mental health providers were not available at the time of this evaluation.
- MSP and WP members have access to 159 hospitals in Iowa compared to 116 hospitals in the Coventry network.
- 58 Federally Qualified Health Centers (FQHCs) and 308 Rural Health Clinics (RHCs) provide medical services in Iowa.
- On average, MSP members lived 2.2 miles (3.8 minutes) from the nearest PCP. By comparison, WP members lived 2.4 miles (4.1 minutes) from the nearest PCP, while Coventry members lived 4.2 miles (6.7 minutes) from the nearest PCP.
- The Health Resources and Services Administration (HRSA) guidelines for access to primary medical care consider travel time >30 minutes to be "excessively distant". Approximately 2% of MSP and WP members and 5% of Coventry members lived >30 minutes from the nearest PCP.
- Among members with a qualifying ambulatory or preventive visit to a PCP during 2014, 14% of MSP members, 16% of WP members, and 13% of Coventry members travelled >30 minutes.

Introduction

The Iowa Health and Wellness Plan (IHAWP) is Iowa's version of the Medicaid expansion, allowed as part of the Affordable Care Act (ACA). The IHAWP began on January 1, 2014 and includes two separate programs: 1) the Wellness Plan, which is a more traditional Medicaid-like program, operated by the Iowa Medicaid Enterprise (IME), and 2) the Marketplace Choice Program, where individuals selected a Qualified Health Plan (QHP), from eligible private plans in the Health Insurance Marketplace.

Eligibility - Adults aged 19-64 years are eligible for either of the two programs based on the following income levels: at or below 100% FPL for Wellness Plan, and 101-133% FPL for Marketplace Choice. Previous IowaCare enrollees with incomes between 0 and 133% FPL were transitioned into the IHAWP when it ended in 2013.

Wellness Plan includes the following options:

> **HMO**: Meridian Health Plan is currently the only Medicaid HMO option in the state, operating in 59 counties in Iowa. Members have the option to change from the HMO to other managed care options available in their county.
>
> **PCCM**: The Primary Care Case Management (PCCM) option, MediPASS, is available in 88 counties statewide. Primary care provider assignment within the HMO or MediPASS is based on history of enrollment with a provider, provider closest to home, and appropriate provider specialty. Members have the option to change the assigned provider.
>
> **Fee-for-service**: Members in the 11 counties with no managed care option (HMO or PCP) were part of a fee-for-service program through March 31, 2015. Effective April 2015, the number of counties with no managed care option decreased to 10.

Marketplace Choice members could choose from two QHPs:

> **CoOportunity Health**: This was a non-profit health co-op available on the Health Insurance Marketplace through the federal government portal established with start-up funds provided through the ACA, and operated statewide in Iowa and Nebraska, in alliance with HealthPartners of Minnesota and the Midlands Choice provider network.
>
> **Coventry Health Care of Iowa**: Coventry is a national managed care company that is based in Bethesda, MD. They operate statewide and are available on the Health Insurance Marketplace through the federal portal.

CoOportunity Health withdrew from the IHAWP at the end of November 2014.[1] CoOportunity members were automatically transitioned to the Wellness Plan on December 1, 2014. At the time of this change, approximately 9,700 Iowans were enrolled with CoOportunity.

This policy brief examines primary care provider network adequacy for Coventry, the Wellness Plan and the Medicaid State Plan in the first year of IHAWP.

1 Iowa Marketplace Choice Plan Changes. Iowa Department of Human Services. November 2014. Available at: https://dhs.iowa.gov/sites/default/files/CoOpTransition_FAQ_11052014.pdf. Accessed July 2, 2015.

Methods

Study Populations

Three comparison groups were examined in this policy brief (Table 1):

1) Medicaid State Plan (MSP) members – ages 19-64 years, including MediPASS and fee-for-service program members. HMO members were excluded due to missing data at the time of this report.
2) Wellness Plan (WP) members – includes all plan options (i.e. HMO, PCCM, and FFS).
3) Marketplace Choice (MPC) members – Coventry only

Members with at least 1 month of enrollment during calendar year 2014 with a valid, geocoded address were included in this evaluation. Ninety-three percent of MSP, WP, and MPC members with at least 1 month of enrollment during 2014 met the requirement for a valid, geocoded address.

Due to the termination of CoOportunity Health coverage, this group was excluded from evaluation.

Table 1. Study population by program (2014)

Program	Members
MSP	60,631
WP	107,048
MPC – Coventry	12,341

Analysis

Two outcomes were examined to assess provider network adequacy:

4) Workforce supply measures, including county provider availability.
5) Distance outcomes, including travel time and distance to the nearest provider and travel time and distance to the treating provider (for members with a primary care visit), summarized by descriptive statistics and displayed graphically.

Outcomes for WP and MPC members were compared with outcomes among the MSP population.

Providers

Primary Care Providers

Primary care providers (PCPs) were defined as physicians, physician assistants or nurse practitioners specializing in General Practice, Family Practice, or Internal Medicine. OB/GYNs were also included as PCPs for women. Internal Medicine specialists with a secondary specialty (e.g., cardiology or endocrinology) and clinics or providers with no specialty information were excluded. Providers working in Rural Health Clinics and Federally Qualified Health Centers were included in this evaluation. Supply counts of unique PCPs were identified by National Provider Identifier (NPI).

In addition to evaluating the supply of PCPs contracted with each program, we also evaluated the supply of PCPs who had submitted at least one claim to

programs they were contracted with during CY 2014 ("treating providers"). To identify treating MSP providers, we examined claims submitted for care provided to the adult FMAP population, ages 19-64 years, since this population is the most comparable to the WP population.

The IME network of contracted PCPs was compared to the list of Coventry providers in order to evaluate panel overlap between programs; providers were matched by NPI.

Specialists

The supply of medical specialists and other licensed health care professionals was evaluated. Medical specialties of interest included cardiology, endocrinology, oncology/hematology, and pulmonology. Other providers of interest included chiropractors, optometrists, and podiatrists. These provider specialties and types were included because a previous survey of the IowaCare population conducted by the PPC identified the most commonly reported chronic medical conditions (e.g., hypertension, back or neck problems, diabetes, etc.), which are likely to require services from these providers.[2]

Mental Health Providers

Mental health providers included psychiatrists, psychologists, licensed social workers, and any other providers with a specialty of mental or behavioral health.

Hospitals

All hospitals in Iowa, including critical access hospitals, were included in this evaluation.

Safety Net Providers

All Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) were included in this evaluation.

Geocoding

Address data were cleaned prior to geocoding removing incomplete addresses and post office boxes from the dataset. Geocoding was carried out in multiple steps. Locations were initially geocoded using an address locator created in ESRI ArcMap using the "North American Detailed Streets" dataset maintained by ESRI. Addresses incorrectly located or not located after this process were located using a combination of ESRI geocoding API and Google Maps geocoding API. Only members and providers with successfully geocoded addresses were included in this evaluation.

Distance Calculations

Two distance outcomes were evaluated for the study populations: distance to the nearest PCP among all members and distance to the treating PCP among members with a qualifying visit to a PCP. The first outcome is one of potential access within the network; the second outcome reflects realized, or actual, access to primary care services.

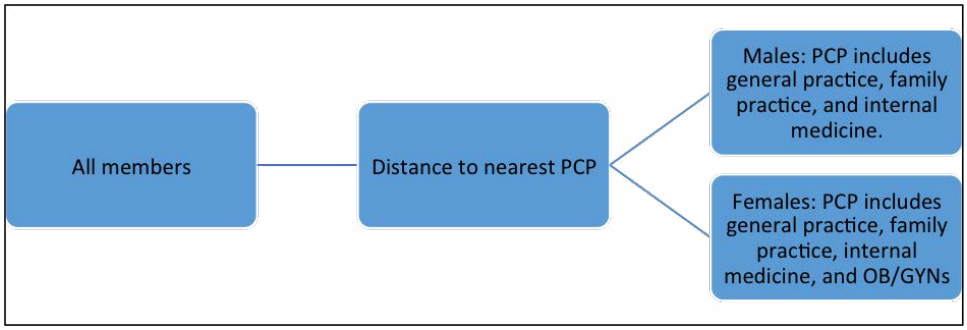
Distance to nearest PCP

Distance to the nearest PCP was calculated for all members of the study population (Figure 1). To determine the nearest provider for each member, a network dataset was created using the North American Detailed Streets dataset

2 Evaluation of the IowaCare Program: Information about the Medical Home Expansion. 2013. University of Iowa Public Policy Center. At: http://ir.uiowa.edu/ppc_health/81/. Accessed July 9, 2015.

maintained by ESRI. Non road pathways (i.e. bike trails) were omitted and a travel time for each section of roadway was calculated using the posted speed limit and section length. A small subset of roads lacking speed limit data were edited to have a 15 mph speed limit in order to avoid inflated travel times. The ESRI Network Analyst OD Cost Matrix tool was used to determine the closest provider to each enrollee and calculated the travel time and distance for each enrollee to the closest provider along the fastest travel route on the network (Manhattan distance).

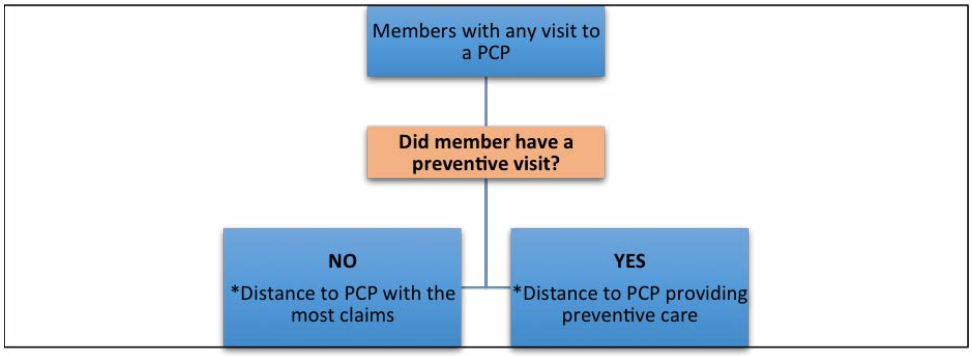
Figure 1. Distance to the nearest PCP



Distance to the treating PCP

Network distance and travel time to the treating provider was calculated for members with a qualifying ambulatory or preventive visit to a PCP, defined in accordance with the HEDIS 2014 measure of adults' access to preventive/ambulatory health services.[3] Members with a claim for preventive care, as defined by the V70.X diagnosis codes or 99385 or 99386 CPT codes, were mapped to the PCP who provided this care. For members with a PCP visit but no claims for preventive care, we calculated distance to the PCP who submitted the most claims on behalf of each member (Figure 2). In cases of ties, members were assigned to the closest PCP.

Figure 2. Distance to the treating PCP



3 HEDIS 2014 Summary Table of Measures, Product Lines and Changes. 2015. NCQA. At: http://www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures/HEDIS2014.aspx. Accessed July 2, 2015.

Results

Workforce Supply Measures

Wellness Plan and Medicaid State Plan members can access services from any provider contracted with Iowa Medicaid Enterprise (IME). Workforce supply for the MSP/WP network was compared with the Coventry provider network.

Unique PCP and mental health providers were identified by NPI. Overall, 3,057 primary care providers (PCPs) in Iowa were contracted with MSP in 2014, and 2,710 PCPs were contracted with Coventry (Table 2). PCPs include family and general practitioners, internists, and OB/GYNs, along with nurse practitioners and physician assistants who provide primary care services.

There were 159 hospitals in Iowa that were in the MSP network and 116 contracted with Coventry. Information about mental health providers contracted with Coventry was not available at the time of this evaluation; however, there were 1,765 mental health providers in Iowa contracted with MSP during 2014.

Table 2. Contracted health care providers in Iowa by program (2014)

	MSP/WP	Coventry
Primary care providers	3,057	2,710
Mental health providers	1,765	**
Hospitals	159	116
****Not available at the time of this evaluation.**		

Primary Care Providers

In 2014, there were 3,057 PCPs contracted with MSP (Table 3). Active providers include all providers who submitted at least one claim for care provided to a member during 2014. Approximately 8% of these contracted PCPs (n=249) had submitted a claim to MSP for care provided to an FMAP member during 2014. Nine percent of MSP-contracted PCPs (n=274) had submitted a claim for care provided to a WP member.

In 2014, there were 2,445 PCPs contracted with Coventry. Approximately 37% of these (n=899) had submitted a claim for care provided to a Marketplace Choice member.

Note that it is not possible to directly compare the supply of specific primary care provider types between MSP/WP and Coventry. Medicaid categorizes nurse practitioners and physician assistants by their specialty, while Coventry does not indicate specialty for these providers.

Approximately 48% (n=1,456) of PCPs contracted with MSP/WP were also contracted with Coventry.

Table 3. Primary care providers in Iowa by program (2014)

	MSP/WP			Coventry	
	Con-tracted	Submitted ≥ 1 claim MSP	Submitted ≥ 1 claim WP	Con-tracted	Submitted ≥ 1 claim
Family Practice	1,740	149	166	1,594	713

General Practice	444	37	39	22	9
Internal Medicine	536	4	12	321	83
OB/GYN	332	55	52	3	0
Nurse Practi-tioners**	NA	NA	NA	12	3
Physician Assis-tants**	NA	NA	NA	249	82
Other	5	5	5	13	2
TOTAL	**3,057**	**249**	**274**	**2,445**	**899**

** Medicaid includes a specialty for nurse practitioners and physician assistants, so these providers are counted by their respective specialties. Coventry does not designate a specialty for nurse practitioners or physician assistants; they have all been counted in this report as PCPs.

Medical specialists and other health care professionals

In general, Coventry had more contracted providers in select medical specialties than the MSP/WP network, while the MSP/WP network had more contracted chiropractors, optometrists, and podiatrists (Table 4). Note that even though there were 213 cardiologists contracted with MSP/WP and Coventry, these two groups are not identical.

Table 4. Selected contracted medical specialists and other health care professionals in Iowa by program (2014)

	MSP/WP	Coventry
Medical specialists		
Cardiologists*	213	213
Endocrinologists	15	27
Oncologists/Hematologists	38	106
Pulmonologists	47	68
Other health care professionals		
Chiropractors	1,920	448
Optometrists	829	254
Podiatrists	310	131

*Includes surgeons

Mental Health Providers

There were 1,765 unique mental health providers contracted with MSP/WP, excluding providers in the Iowa Plan for Behavioral Health network (Table 5).

For this evaluation we did not include providers in the Iowa Plan for Behavioral Health network. Most MSP members are automatically enrolled in the Iowa Plan, a managed care program for the delivery of mental health and substance abuse treatment; WP members are eligible for a limited set of services covered by the Iowa Plan.

At the time of this evaluation, we did not have access to a list of mental health providers contracted with Coventry.

Table 5. Contracted mental health providers in Iowa by program (2014)

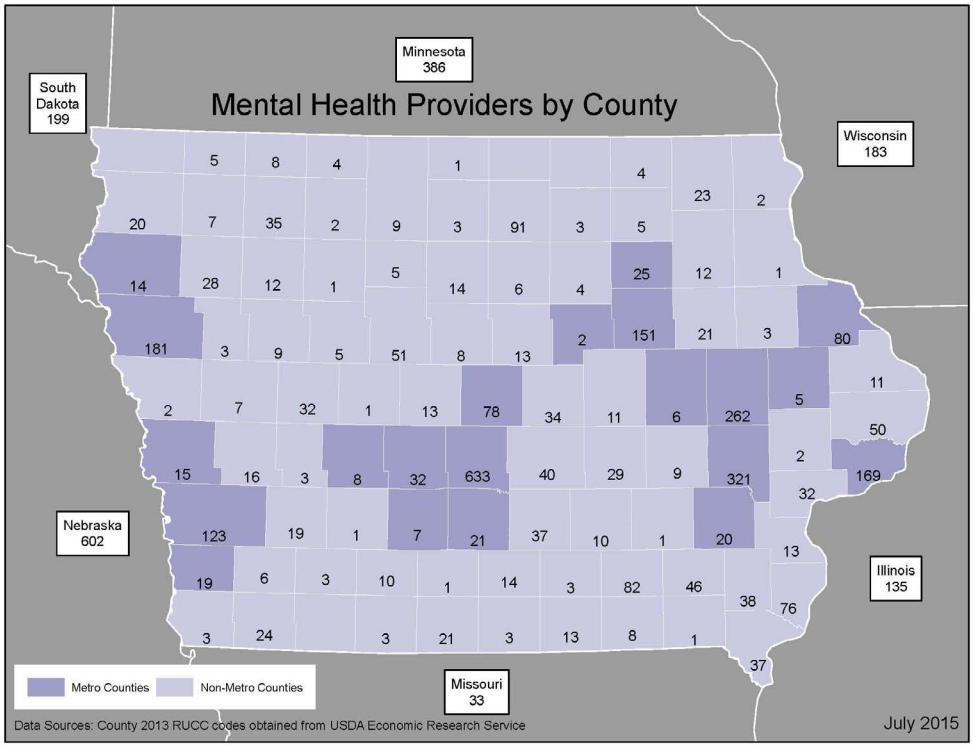
	MSP/WP	Coventry**
Psychiatrists	367	
Psychologists	315	
Licensed social workers	443	
Nurse practitioners	152	
Other credentialed providers	488	
TOTAL	**1,765**	

**Not available at the time of this evaluation.

For this evaluation, we did not include PCPs as mental health providers, even though they represent an important source of mental health care. Future evaluations will assess the role of PCPs in providing mental health services to members of these programs.

Figure 3 shows the number of unique mental health providers per county. Mental health providers were found in all but 4 counties (Lyon, Worth, Mitchell, and Taylor), with up to 633 in Polk County (Figure 3). Additional mental health providers in adjacent counties were contracted with MSP/WP.

Figure 3. Number of MSP/WP mental health providers by county (2014)



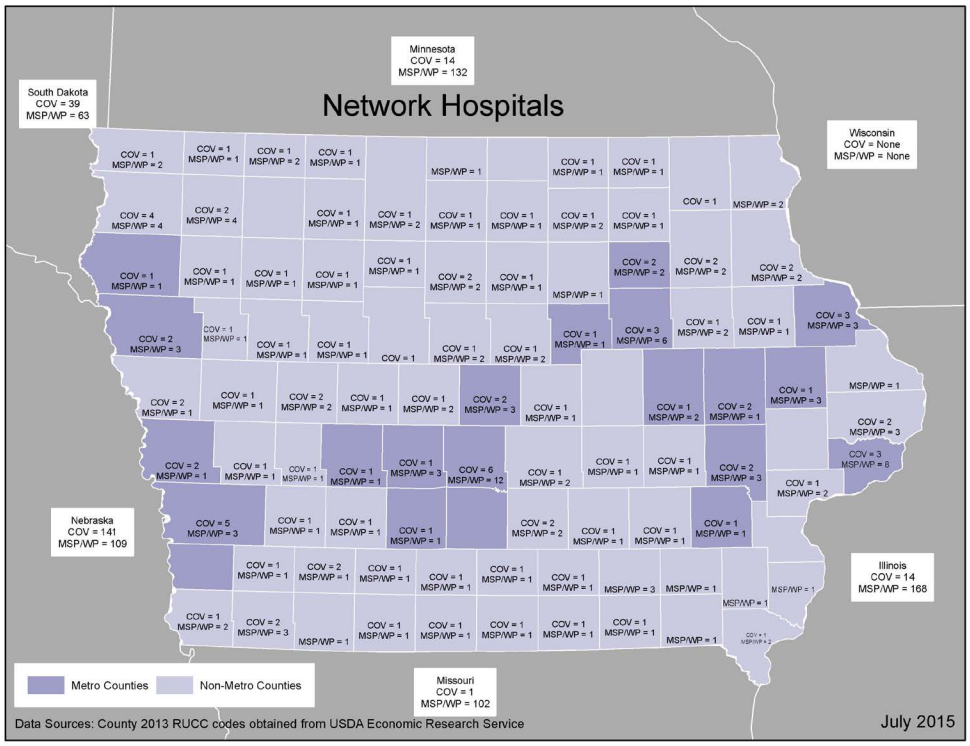
Hospitals

WP members can access hospital services through the MSP/WP network.[4]

4 Iowa Health and Wellness Plan Implementation: Frequently Asked Questions. January 23, 2014. Iowa Department of Human Services. Available at: http://dhs.iowa.gov/sites/default/files/IHAWP_Implementation_FAQ_012314_Final.pdf.

In Iowa, MSP and WP members have access to 159 contracted hospitals; 116 hospitals in Iowa are contracted with Coventry (Figure 4).

Figure 4. Number of contracted network hospitals by county (2013)



Safety Net Providers

There are 58 FQHCs (Figure 5) and 308 RHCs (Figure 6) in Iowa. Additional FQHCs in Illinois (n=8), Nebraska (n=8), and South Dakota (n=8) are also contracted with Iowa Medicaid.

Figure 5. Federally Qualified Health Center locations in Iowa

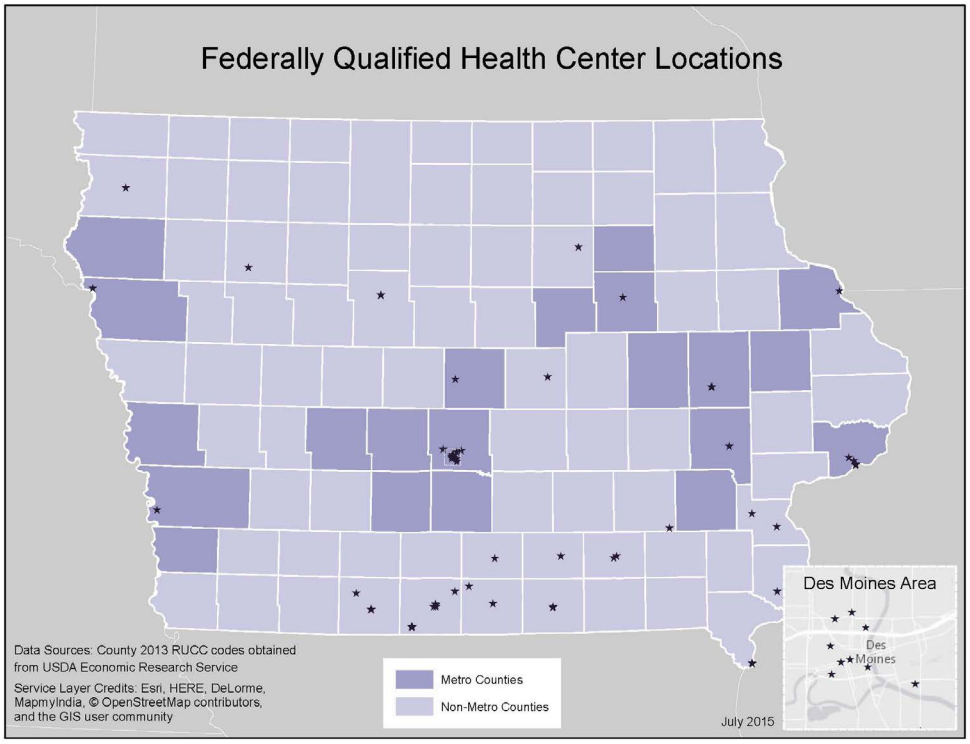
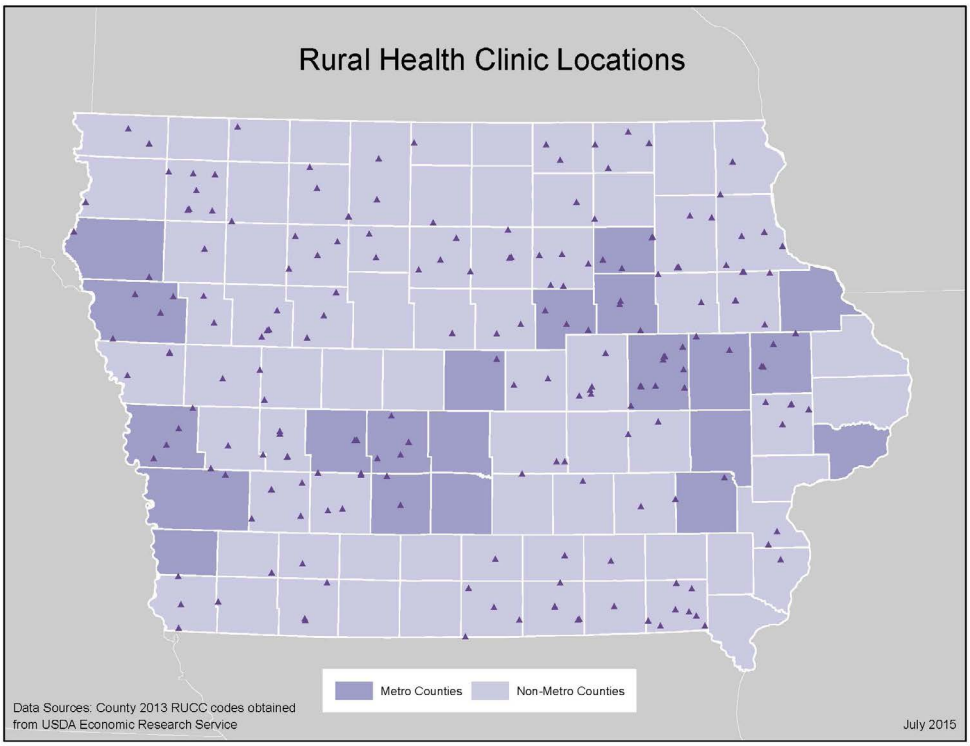


Figure 6. Rural health clinic locations in Iowa



Distance Outcomes

Travel distance and time to the nearest PCP

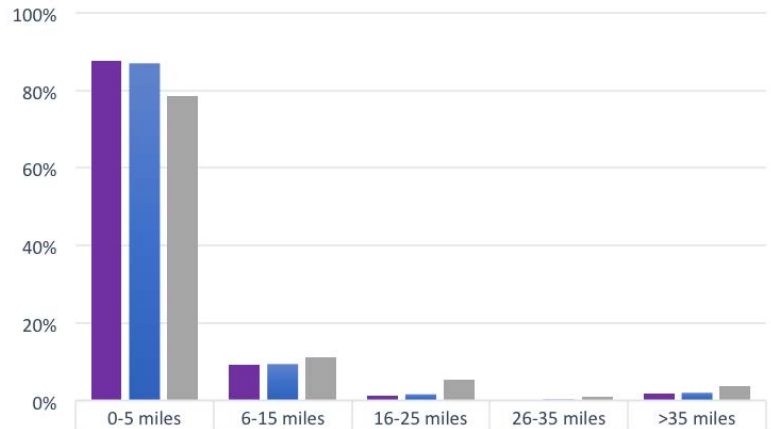
Members were mapped to their nearest PCP. MSP members had the shortest mean travel time (3.8 minutes) and mean distance (2.2 miles) to the nearest PCP, followed closely by WP members (Table 6). Coventry members, on average, have to travel almost twice the distance (4.2 miles) as that of Medicaid members to access the nearest PCP.

Table 6. Travel distance and time to nearest PCP (2014)

	Distance (miles)		Time (minutes)	
	Mean	**Maximum**	**Mean**	**Maximum**
MSP	2.2	30.7	3.8	46.0
WP	2.4	33.4	4.1	45.6
Coventry	4.2	40.7	6.7	57.6

Overall, the majority of the members in MSP, WP, and Coventry reside within 5 miles of the nearest PCP (Figure 7).

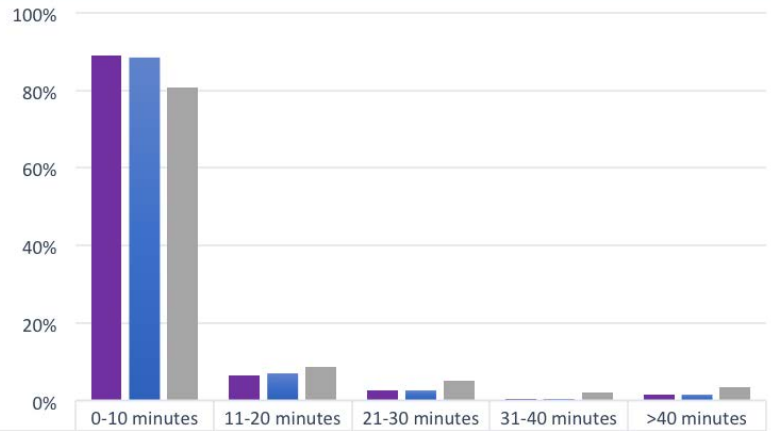
Figure 7. Distance in miles to the nearest PCP by program (2014)



	0-5 miles	6-15 miles	16-25 miles	26-35 miles	>35 miles
Medicaid State Plan	88%	9%	1%	0%	2%
Wellness Plan	87%	9%	2%	0%	2%
Coventry Health	79%	11%	5%	1%	4%

The Health Resources and Services Administration (HRSA) guidelines for primary medical care health professional shortage area (HPSA) designation consider travel times greater than 30 minutes to be "excessively distant" – one of the three basic criteria for a geographic area HPSA designation request.[5] Approximately 2% of the MSP members lives more than 30 minutes from the nearest PCP (Figure 8); 2% of WP and 5% of Coventry members lived more than 30 minutes from the nearest PCP.

Figure 8. Time in minutes to the nearest PCP by program (2014)



	0-10 minutes	11-20 minutes	21-30 minutes	31-40 minutes	>40 minutes
Medicaid State Plan	89%	7%	3%	0%	2%
Wellness Plan	89%	7%	3%	0%	2%
Coventry Health	81%	9%	5%	2%	3%

Travel distance and time to the treating PCP

Among MSP members (N=60,631), 33% had a qualifying visit to a PCP for ambulatory/preventive health services (Table 7). A similar proportion of WP members had a qualifying PCP visit (32%), while only 18% of Coventry members had a qualifying visit.

5 Guidelines for Primary Medical Care/Dental HPSA Designation. HRSA, US HHS. At: http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/medicaldentalhpsaguidelines.html. Accessed July 2, 2015.

Table 7. Members with a qualifying ambulatory/preventive PCP visit (2014)

Program	Number	Percent
Medicaid State Plan	20,132	33%
Wellness Plan	35,106	32%
Coventry	2,192	18%

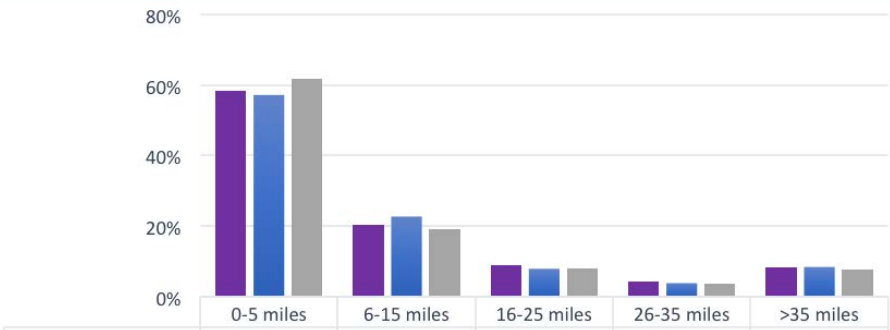
Coventry members have the shortest mean travel time (11.3 miles) and mean travel distance (15.3 minutes) to their treating PCP compared to MSP and WP members (Table 8).

Table 8. Travel distance and time to treating PCP (2014)

	Distance (miles)		Time (minutes)	
	Mean	**Maximum**	**Mean**	**Maximum**
MSP	11.6	392.7	15.8	385.2
WP	12.0	425.1	18.6	452.5
Coventry	11.3	346.9	15.3	360.9

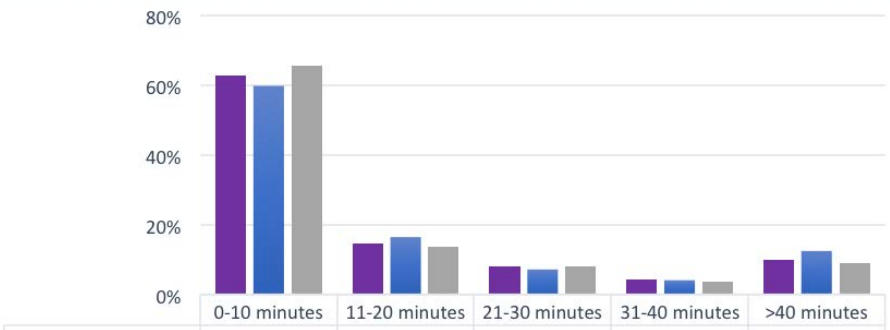
Overall, a majority of members in the 3 programs resided within 5 miles/10 minutes of their treating PCP (Figures 9, 10).

Figure 9. Distance in miles to treating PCP by program (2014)



	0-5 miles	6-15 miles	16-25 miles	26-35 miles	>35 miles
Medicaid State Plan	58%	20%	9%	4%	8%
Wellness Plan	57%	23%	8%	4%	8%
Coventry Health	62%	19%	8%	4%	8%

Figure 10. Time in minutes to treating PCP by program (2014)



	0-10 minutes	11-20 minutes	21-30 minutes	31-40 minutes	>40 minutes
Medicaid State Plan	63%	15%	8%	4%	10%
Wellness Plan	60%	16%	7%	4%	12%
Coventry Health	66%	14%	8%	4%	9%

Conclusions

This report presents information about the initial provider network available to IHAWP members (i.e., Coventry and WP) during 2014, with a comparison made to the network of providers available to adults in the MSP, administered by the Iowa Department of Human Services. Specific provider networks evaluated were primary care, specialty, mental health, hospital, and safety net.

More PCPs (n=3,057) were contracted with MSP/WP than with Coventry (n=2,710) during 2014. However, a greater percentage of Coventry PCPs (33%) submitted at least one claim on behalf of Coventry members than contracted PCPs submitted on behalf of MSP members (8%) and WP members (9%). Overall, 899 contracted PCPs submitted at least one claim on behalf of Coventry members during 2014. Approximately half of the PCPs contracted with IME were also contracted with Coventry.

MSP and WP members had access to 1,765 licensed mental health providers in Iowa. Mental health providers were found in all but four counties in Iowa. At the time of this evaluation, data about Coventry mental health providers were not available.

Overall, MSP and WP had access to 159 hospitals in Iowa contracted with IME. Coventry was contracted with 116 hospitals in the state. Members of all three programs have access to 58 FQHCs and 308 RHCs in Iowa.

MSP and WP members lived a mean of 2.2 and 2.4 miles, respectively, from the nearest PCP. By comparison, Coventry members lived a mean of 4.2 miles from the nearest PCP, translating into a 4.1 minute drive. HRSA guidelines consider travel times greater than 30 minutes to be "excessively distant" from primary medical care services. While a majority of members in all three plans lived less than 30 minutes from the nearest PCP, 5% of Coventry members lived greater than 30 minutes from a PCP. By comparison, 2% of MSP and 2% of WP members lived greater than 30 minutes away.

Among members of all three programs with a visit, mean travel distances to the treating physician were substantially greater than mean distances to the nearest PCP. For example, mean distance to the nearest PCP was 2.4 miles for WP members. However, mean travel distance to the treating physician among members with a visit was 12.0 miles, indicating that WP members travelled substantially beyond the nearest participating provider to receive primary care services. Greater distance to a treating PCP compared to distance to the nearest network provider may indicate provider-sided access barriers or member preferences for specific providers.

Eight percent of all three programs lived more than 35 miles from their treating PCP; mean distance to the treating PCP in all three programs ranged from 11.3 to 12.0 miles.

This baseline assessment of the IHAWP provider network is one component of the UI PPC's evaluation of the IHAWP program. Additional reports about the IHAWP program will examine network adequacy using additional information from surveys of members and providers, outcomes analyses, and cost analyses.