

Medicaid Redesign

Legislative Health and Human Services Committee

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Private Group Pediatric Practice – Roswell, NM

Approximately 15,000 total patients

9 Full time pediatricians

85% Medicaid, 10% Private Insurance, 5% other

What's good healthcare? The best healthcare when your family member is ill is "immediate, impeccable, and inexpensive".

What's Good in New Mexico Pediatric Healthcare?

- Inexpensive: Pediatrics uses only 25% of Medicaid's funds. On average (nationally) it costs \$2422.00 to finance Medicaid coverage for a child compared to the average adult cost of \$7283.00. In NM those numbers are \$3054.00 and \$8014.00, respectively
- Well Child Checks/ Preventive Care – fair payment for providing preventive care.
 - Hearing and Vision testing covered
 - Developmental screening tests covered
 - Dental Varnish – covered by all Saluds in Chaves County due to HSD "varnish program", covered in NM by all Saluds except Presbyterian Salud.
- Vaccines for Children – 96% vaccination rate in our office due to this program
- Access – same day, ease of coverage/ sign up

What's Bad for Pediatrics in New Mexico?

- Lack of personal responsibility
 - Overuse of clinic and ER
 - Ability of patients to visit different sites in one day

- Over the counter medication prescription issues – office visits/ multiple requests for OTC meds such as Tylenol/Claritin/Motrin/cough and cold meds
- No lock-in of primary care physician/ group. Allows “doctor shopping”, multiple visits to different physician offices/clinics/ ERs, duplication of services, medication issues.
- Difficulty with prior authorizations: paperwork, time-consuming
- Specialty care access: travel costs, time, heavy load due to lack of specialty care providers
- Poor Psychiatric/Behavioral care for children in NM
- No teeth for non-compliance: no charges for no-show visits, multiple cancellations, no copay
- Payment issues for physicians:
 - No increase in payments by some Saluds for “Emergency” or “After-hours” visits in primary care clinics
 - No payments for telephone care/ triage
 - Minimal or no interest payments by Saluds to physicians when claims denied (example – immunization coding changes in 2011)
 - Decrease payments for Medicaid patients as opposed to privately insured (commercial) patients.
- Defensive medicine
 - Non-compliance
 - Entitlement
 - “Free medical care = substandard medical care”

Ideas for change:

- Copays for emergent and sick visits – higher copay for ER visit
 - NM Pediatric Society membership survey showed majority of members in favor of copays for Medicaid patients.
 - North Carolina program requires telephone triage prior to ER visit approval for Medicaid patients
- Copays based on sliding scale to decrease hardship to severe poverty level patients

- Federally Qualified Healthcare Centers

- Lock in physician access to primary care, require referrals for specialty care
- Charge for no shows (minimal - \$2-5) ?copay amount
- No copay for well child checks/preventive care/vaccines
- Decrease coverage or require copay for medications available over the counter (OTC), no prescription required for OTC medications (to decrease need for office visit)
- Move medicine back to the doctor's office – away from schools, WIC, etc. There is a duplication of services such as hearing/vision, anemia checks. At times there is poor quality care at student health clinics by providers who are not the primary care provider. These services are all against the principles of the medical home.
- Don't decrease Medicaid payments any further.
- Increase payments to physicians who attain quality certification such as medical home, maintenance of certification, other quality measures (pay for performance).