

# Leveraging the Medicaid Primary Care Rate Increase – A Provider Outreach Strategy

Technical Assistance Brief

August 2012

The Affordable Care Act (ACA) requires Medicaid agencies to increase reimbursement to primary care providers (PCPs) for certain evaluation and management (E&M) and vaccination codes to reach parity with Medicare rates in 2013 and 2014, a match that is 100 percent federally funded. States are expected to pay out an estimated \$11.8 billion through this provision. Providers eligible for this rate increase include physicians with a board-certified designation of *family medicine*, *general internal medicine*, and/or *pediatric medicine* and their American Board of Medical Specialties-recognized sub-specialties. The Centers for Medicare & Medicaid Services released proposed regulations for the rate increase in May 2012.<sup>1</sup>

As states ramp up for the possible expansion of the Medicaid population in 2014, increasing access to high-quality primary care services will be essential. Primary care is linked to enhanced health outcomes for a number of conditions, including cancer, heart disease, stroke, and infant mortality;<sup>2</sup> improved patient self-ratings of physical and mental health;<sup>3</sup> and decreased health care utilization, including inpatient admissions, outpatient visits, surgeries and emergency department utilization.<sup>4</sup> The PCP rate increase offers states a valuable opportunity to encourage providers to expand their Medicaid panel size, or begin to see Medicaid beneficiaries if they do not already do so. In addition to engaging providers around increasing the number of Medicaid beneficiaries they see, the proposed regulations requires states to engage the provider community regarding providers' confirmation of their specialty designation. This required outreach provides states with an additional entrée to discussions with providers around increasing access to care for Medicaid beneficiaries.

To help states engage PCPs around the primary care rate increase, this brief from the Center for Health Care Strategies (CHCS) outlines a recommended provider outreach strategy. It details specific steps can take to reach providers and facilitate the provision of the rate increase. Activities discussed in the brief are framed within the below aggressive timeline intended to help states implement outreach activities by January 2013.

Summary Timeline		
ACTIVITY		COMPLETE BY:
1	Identify and convene key stakeholders	September 2012
2	Develop an outreach strategy that builds on the state's delivery system relationships	September 2012
3	Establish an advisory provider outreach workgroup	September 2012
4	Develop a work plan and identify communications mechanisms	October 2012
5	Craft key messages and outreach materials	November 2012
6	Outreach to eligible providers and other key stakeholders	December 2012
7	Consider a post-outreach assessment strategy	2nd Quarter 2013

## I. Identify and Convene Key Stakeholders - September 2012

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States should identify and collaborate with key stakeholders who are interested in maximizing the impact of the provider rate increase on primary care delivery. These stakeholders can provide strategic guidance in helping states develop and disseminate communications to providers eligible for the increase. Additionally, states should consider developing an advisory provider outreach workgroup. This workgroup can lead outreach efforts through the development of an outreach work plan and key messages, as well as by determining effective communication mechanisms and implementing the outreach strategy.

- Identify local and state medical societies representing eligible providers.
  - States should outreach to the state chapters of the American Medical Association, the American Academy of Family Practitioners, the American College of Physicians, and the American Academy of Pediatrics.
  - States should outreach to state chapters of societies that serve physician extender professions, e.g., the American Academy of Physician Assistants website provides a list of chartered state chapters ([www.aapa.org/about\\_aapa/constituent\\_organizations.aspx](http://www.aapa.org/about_aapa/constituent_organizations.aspx)).
  - **NOTE:** Nurse practitioners who bill under their own provider ID are not eligible for the rate increase according to the proposed regulations.
- Identify key contacts at MCOs operating in the state.
  - States should outreach to and engage provider network and provider relations personnel at MCOs, among other relevant MCO contacts.
  - States can work with these MCOs to identify providers who do not currently see Medicaid beneficiaries, with an aim toward encouraging them to participate in Medicaid.
  - This group represents an “easy target” for outreach given existing relationships between MCOs and providers.
- Identify large provider organizations and other entities such as multipayer collaboratives that work closely with eligible providers and determine if they can serve as a conduit for engaging PCPs. If states intend to include any of the below stakeholder groups in message development, outreach to them should happen early in the process:
  - Large integrated provider groups;
  - Regional multi-payer collaboratives; and/or
  - Quality improvement organizations and educational institutions.
- Identify champions such as visible leaders in the provider community who can serve as a conduit for actively engaging their peers.
- Identify other organizations that can deliver key messages regarding the rate increase (see below for sample key messages). These might include:
  - Community health organizations;
  - Primary care coalitions;
  - State hospital associations;
  - Coalitions of state or regional health plans;
  - Health education organizations; and
  - Health advocacy groups.
- Convene an initial meeting of key stakeholders to:
  - Present the opportunity of the PCP “bump” to bolster the primary care system and potentially increase access to primary care;

- Obtain buy-in for promoting the PCP rate increase and encouraging PCP participation;
- Identify roles that each stakeholder will play in outreach and the resources they can leverage; and
- Identify participants for an advisory provider outreach workgroup.

## **II. Develop an Outreach Strategy that Builds on the State’s Delivery System Relationships - September 2012**

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Depending on the state’s delivery system, outreach strategies can be conducted by the state, the health plans, or both. Following are recommendations for each of these scenarios:

### **Fee-for-Service**

- Identify eligible providers registered with Medicaid for direct outreach.
- Determine how the provider specialty attestation confirmation process can complement the overall outreach process.
- Use staff and/or an advisory provider outreach workgroup (see below) to engage in subsequent outreach.

### **Fee-for-Service and Managed Care**

- Based on available resources and the nature of the relationship between the state and its contracted MCOs, determine what outreach activities the state can manage and which activities can be conducted by its MCOs.

### **Managed Care**

- As a first step, contact MCOs, informing them that:
  - The PCP “bump” presents an opportunity to bolster primary care and potentially increase access to primary care;
  - Provider outreach and recruitment will be a fundamental component of the PCP rate increase and MCOs can play a key role in reaching out to eligible providers, particularly those who contract with the MCO, but do not currently participate in Medicaid; and
  - The state seeks to partner with the MCOs and other key stakeholders on these activities.
- Engage MCO provider relations contacts to map out the attestation process. MCOs can help determine eligible providers, reach out to the providers, and ensure confirmation of provider self-attestation.
  - Determine whether the state or the health plans will outreach to the providers.
  - Determine how the provider specialty attestation confirmation process can complement the overall outreach process.
  - Include the MCOs in outreach strategy and content development; tap into health plan communications resources to craft the outreach plan and messaging content.

## **III. Establish an Advisory Provider Outreach Workgroup - September 2012**

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- Regardless of whether a state works in a fee-for-service (FFS) or managed care environment, an advisory provider outreach workgroup can help develop and coordinate the PCP outreach strategy and provide valuable feedback to the state as it executes its outreach strategy. In addition to the stakeholders identified above, this workgroup should include health plan communications and provider relations representatives for states with MCOs. The members of the workgroup should be selected following the initial stakeholder meeting.
- The outreach workgroup, chaired by the state, should:
  - Identify and review state data regarding current PCP Medicaid participation to inform the focus of the outreach strategy;

- Identify communication mechanisms;
- Craft key messages and develop outreach materials;
- Disseminate outreach materials to target audiences; and
- Evaluate the impact of outreach efforts.

#### **IV. Develop a Work Plan and Identify Communications Mechanisms - October 2012**

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- The advisory provider outreach workgroup should develop a work plan for the staging of outreach to providers and stakeholders.
  - The workgroup should develop this work plan in advance of the release of the final regulations for Section 1202 to ensure rapid engagement with providers around this time-sensitive rate increase.
- The workgroup should determine the most efficient mechanisms for reaching out to providers. Potential outreach mechanisms include:
  - State Medicaid and medical society provider portals and websites;
  - Medicaid, MCO, and medical society newsletters;
  - Formal letters to eligible providers;
  - Direct emails to eligible providers;
  - In-person meetings;
  - Webinars/conference calls; and
  - Third-party stakeholder websites, as applicable.
- The state should consider issuing a press release for wider distribution.
  - Work with the workgroup and other key stakeholders to determine if a press release message would differ from other outreach mechanisms.

#### **V. Craft Key Messages and Outreach Materials - November 2012**

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- Work with the outreach workgroup to determine issues and language that will be compelling to eligible providers. Following are potential sample messages:

**Key Theme #1: Focus on better serving patients and increasing access to care.**

Providers care deeply about their patients and appreciate opportunities to spend more time and develop stronger relationships with them. States should highlight that the rate increase will afford eligible providers with additional resources that will allow them to treat patients in a more resource-rich environment. This may relieve some of the perceived burdens that eligible providers may associate with seeing Medicaid patients, allowing them the opportunity to increase the size of their Medicaid panel. By doing so, the providers will be actively improving access to primary care services for an at-need population.

**Key Theme #2: Focus on the monetary value of the rate increase.**

A core appeal of the rate increase to providers is undoubtedly the increase in revenue they can expect from providing primary care services to Medicaid patients. Many providers restrict their Medicaid panel size, or choose to forego seeing Medicaid patients completely, due to the historically low reimbursement rates for treating Medicaid patients. By highlighting the monetary value of the rate increase to individual providers, the state can wield a powerful lever encouraging providers to treat more Medicaid beneficiaries.

- With guidance and help from the workgroup, the state should develop a set of outreach materials that are appropriately tailored to specific provider groups. For example, the state may want to highlight aspects of the regulations related to vaccinations for the pediatric provider community. Materials the state/workgroup might want to develop include:
  - **Outreach letter/email** to providers that outlines high-level takeaways regarding the rate increase including how it is expected to impact the reimbursement rates that providers receive. This letter can also include language around payment reform efforts or other programmatic initiatives to which the state would like to tie the rate increase.
  - **Frequently Asked Questions (FAQ)** document that identifies and answers key questions.
  - **Educational content** that highlights key aspects of the rate increase regulations that could be shared via online communication mechanisms, such as state Medicaid provider portals, Medicaid and health plan online/email newsletters, and third-party stakeholder websites.
  - **Webinars** that provide in-depth content and answer provider questions regarding the rate increase. Webinars can be targeted and advertised to specific provider groups.
  - **Postcard-sized handouts** (or other smaller communication materials) for providers that include guidance regarding the attestation process.
  - **A chart of eligible E&M and vaccination codes** that compares the rates providers received prior to the rate increase and the rates they should expect once the increase is in effect.

## **VI. Outreach to Eligible Providers and Other Key Stakeholders - December 2012**

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- Building off previous steps, the state, MCOs or both should initiate outreach to providers and stakeholders. States should use the work plan to strategically stage outreach efforts.
- At a minimum, states, MCOs or both should send a letter to eligible providers and provide them with a frequently asked questions document outlining key aspects of the rate increase.

## **VII. Consider a Post-Outreach Assessment Strategy - 2<sup>nd</sup> Quarter 2013**

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- A post-outreach assessment can help states determine the effectiveness of the outreach on provider and stakeholder understanding of the rate increase.
  - States can reconvene the outreach workgroup to solicit their opinion on the success and impact of the outreach strategy.
  - States can survey a subset of providers to whom outreach was made (including new Medicaid providers, providers who expanded their Medicaid panel, and those who continued to not participate in Medicaid).
  - Lessons learned from a post-outreach assessment can guide future messaging activities.

## Leveraging the Medicaid Primary Care Rate Increase

This tool is a product of *Leveraging the Medicaid Primary Care Rate Increase*, a CHCS initiative made possible by The Commonwealth Fund, with additional support from the New York State Health Foundation. Through this initiative, CHCS is working with Medicaid stakeholders in six states, as well as with the Centers for Medicare & Medicaid Services, to implement the Medicaid primary care rate increase mandated under health care reform.

## About the Center for Health Care Strategies

The Center for Health Care Strategies (CHCS) is a nonprofit health policy resource center dedicated to improving health care access and quality for low-income Americans. CHCS works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs. Its core priorities are: enhancing access to coverage and services; improving quality and reducing racial and ethnic disparities; integrating care for people with complex and special needs; and building Medicaid leadership and capacity. Visit [www.chcs.org](http://www.chcs.org).

## Endnotes

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<sup>1</sup> *Medicaid Program; Payments for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration Under the Vaccines for Children Program*. Proposed Rule by the Centers for Medicare & Medicaid Services, posted in the Federal Register, May 11, 2012. Access at <https://federalregister.gov/a/2012-11421>.

<sup>2</sup> J. Macinko, et al. "Quantifying the Health Benefits of Primary Care Physician Supply in the United States." *International Journal of Health Services*, 37, no. 1 (2007): 111-126.

<sup>3</sup> L. Leiyu Shi, B. Starfield, R. Politzer, J. Regan. "Primary Care, Self-Rated Health, and Reductions in Social Disparities in Health," *Health Services Research*, Vol. 37, No. 3, June 2002.

<sup>4</sup> S.J. Kravet, A.D. Shore, R. Miller, G.B. Green, K. Kolodner, S.M. Wright "Health Care Utilization and Proportion of Primary Care Providers," *American Journal of Medicine*, Vol. 121, No. 2, February 2008.