Iowa’s Medicaid Expansion

Key findings related to healthy behaviors incentives

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Iowa’s First Medicaid Expansion:
An Approach Fit for a Purple State

- Expanded tax-funded insurance to low-income individuals ages 19 – 64
- Used premium-support model to “privatize” Medicaid for some groups
- Aimed to foster personal responsibility for health among enrollees
- Dental carve out to private insurer

- **Wellness Plan**
  - ≤ 100% FPL
  - Medicaid state plan
  - $5/mo. premium ≥ 51% FPL

- **Marketplace Choice Plan**
  - 101 – 138% FPL
  - Premium support plan
  - $10/mo. premium

- **Healthy Behaviors Program**
Medical Healthy Behaviors Program
Had Incentives and Disincentives

• **Members**
  • Incentives for Completing Behaviors
  • Premiums waived
    • Wellness exam and
    • Health risk assessment (HRA)
  • Premium non-payment = disenrollment / debt
  • Monthly financial hardship exemptions

• **Providers**
  • $25 per HRA
  • ACOs $10 per HRA if ≥ 50% of assigned members complete
Mixed-Method Evaluation

1. Document HBP compliance rates
2. Identify member characteristics associated with HBP compliance
3. Evaluate outcomes associated with HBP compliance
4. Document member & provider understanding of HBP
Data Sources

- Medicaid Claims and Enrollment Files, 2012 – 2015
- HBP Activity Completion Data from IME, 2014 – 2015
- In-depth interviews
  - Primary care clinic managers (N = 51)
  - Wellness Plan & Marketplace Choice Plan members (N = 152)
    - > 6-months’ continuous enrollment
    - Stratified by age, gender, race/ethnicity, activity completion
Completion of Both HBP Activities (Exam and HRA) YR 1 VS YR 2

Note: Differences between programs within years and differences between years within programs are statistically significant (P < 0.001).
Little Evidence That HBP Worked As Intended

• Completion rates were extremely low
• Certain demographics disproportionately affected
• Little to no effect on utilization
• Poor understanding of HBP (40%) and health insurance basics (42%)
• Numerous barriers to compliance reported
Expansion Earned Benefit Structure to Incentivize Preventive Behavior

Core (at enrollment)
- Diagnostic/Preventive
- Emergency
- Stabilization
- Large restorations near pulp
- Acute periodontal
- Dentures
- Endodontic care (following pulpal debridement and exam)

Enhanced (After recall in 6-12 mos.)
- Restorative
- Non-surgical periodontal
- Endodontic care

Enhanced plus (After 2nd recall in 6-12 mos.)
- Crown
- Tooth replacements
- Periodontal surgery
Mixed Method Evaluation

1. Member Experiences
2. Provider experiences
3. Provider network adequacy
4. Cost & utilization outcomes
Member Experiences: Expansion vs Medicaid

- Expansion **poorer oral health status** compared to Medicaid
- **Unmet need** among Expansion members decreased
- No difference in **overall rating** of plan
- Expansion members had low **awareness of the earned benefits structure**
- Expansion members were more easily able to **find a provider** compared to Medicaid
Ease of Finding a Dentist

Figure 9. Rating (0-10, 10=easiest) of ease of finding a dentist who accepts DWP/Medicaid

<table>
<thead>
<tr>
<th>Rating</th>
<th>DWP* (n=408)</th>
<th>Medicaid* (n=515)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-10</td>
<td>43%</td>
<td>34%</td>
</tr>
<tr>
<td>7-8</td>
<td>22%</td>
<td>15%</td>
</tr>
<tr>
<td>0-6</td>
<td>35%</td>
<td>51%</td>
</tr>
</tbody>
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*Statistically significant difference at p<.05
Dentist Experiences

• Majority of DWP participants had problems with:
  o patients’ intermittent eligibility,  
  o referring to dental specialists, and
  o time spent on paperwork

• For non-participants, biggest barrier was:
  o low reimbursement rates

• DWP dentists were more likely to participate in Medicaid

• Dentists ambivalent about the earned benefits approach
Provider Network Adequacy

- 822 dentists active in DWP compared to 1080 in Medicaid and 1552 in Delta Dental of Iowa (DDIA)

- Mean distance to the nearest active primary care dentist:
  - DWP - 3.1 miles
  - Medicaid – 2.4
  - DDIA – 2.9

- Mean distance to treating dentist:
  - DWP – 13.7 miles
  - Medicaid – 16.2
  - DDIA – 10.7
Figure 10. Distribution of members by travel distance (miles) to the nearest primary care dentist, Year 2

<table>
<thead>
<tr>
<th>Distance Range</th>
<th>DWP</th>
<th>Medicaid</th>
<th>DDIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 miles</td>
<td>84.1%</td>
<td>87.4%</td>
<td>83.6%</td>
</tr>
<tr>
<td>6-15 miles</td>
<td>11.2%</td>
<td>10.6%</td>
<td>15.1%</td>
</tr>
<tr>
<td>16-25 miles</td>
<td>4.2%</td>
<td>1.9%</td>
<td>1.3%</td>
</tr>
<tr>
<td>26-35 miles</td>
<td>0.5%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>&gt;35 miles</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 2. Flow diagram of DWP members enrolled in May 1, 2014 tier movement by quarter May 2014 – April 2016 (n=112,983)
Healthy Behaviors in Iowa

- Difficult to implement and communicate
- Effectiveness in improving prevention not readily apparent
- Dental evaluation led to changes in the program
  - Cited in waiver request
  - Second waiver approved for Dental Wellness Plan 2.0
    - Evaluation plan under development