ACCESS TO CARE MONITORING REVIEW PLAN 2016

GUAM MEDICAID

August 2016

Overview

Guam Medicaid program provides healthcare coverage for low-income individuals, including children, pregnant women, individuals with disabilities, elderly, parents and other adults. The Guam Department of Public Health and Social Services (DPHSS) is the single state agency that administers the Medicaid program.

Guam is a United States Territory, with a total population of approximately 169,885. It is highly unique in terms of geographic location, size, and population. The island has three (3) acute hospitals, and two (2) Federally Qualified Health Centers (FQHC). In addition, Guam has numerous options for Medicaid beneficiaries to receive healthcare.

Guam measures and monitors indicators of healthcare access to ensure that its Medicaid beneficiaries have access to care that is comparable to the general population.

Guam Medicaid program operates 5 days a week, Monday to Friday from 8:00am – 5:00pm. Beneficiaries may call, or visit our offices for assistance with their needs or requests. Should the beneficiary be confined to a hospital, our Social Worker coordinates the required services. The issues are resolved immediately utilizing a hierarchical process.

In accordance with 42 CFR 447.203, Guam developed an access review monitoring plan for the following services categories provided under a fee-for-service (FFS) arrangement.

- Primary care, Dental, and FQHC
- Physician specialist
- Behavioral health services
- Pre- and post-natal obstetric services, including labor and delivery
- Home health

The plan describes data that will be used to measure access to care for beneficiaries in FFS. The plan considers: the availability of Medicaid providers, utilization of Medicaid services and the extent to which Medicaid beneficiaries' healthcare needs are fully met. It was developed during the months of July – August 2016 and posted on the DPHSS website from September 1, 2016 – September 30, 2016 to allow for public inspection and feedback.

Although Guam has insufficient number of specialists to provide needed services to beneficiaries, the Guam Medicaid Program makes every effort to arrange for off-island care to ensure adequate access to quality care. Beneficiaries may avail of needed services in either the US Mainland, or in the Philippines, as authorized by the Centers for Medicaid and Medicare Services (CMS).

Analysis of the data and information contained in this report show that Guam Medicaid beneficiaries have access to healthcare that is similar to that of the general population in Guam.

Methodologies

1. Beneficiary Population Characteristics

Demographic Information: These measures provide information on the characteristics of the Guam FFS population that can be used to inform the analysis of the other measures in the report.

2. Provider Availability Measures

Provider Enrollment and Participation Baselines: The metrics outlined in this report will set baselines for monitoring trends in provider availability and changes after reductions in rates or restructuring of provider payments. Specifically, this will allow the territory to monitor trends, longitudinally, Guam provider enrollment and participation in the Guam FFS system by provider type.

3. Beneficiary Needs Assessment

Guam Patient Experience of Care Survey (GPECS): The Consumer Assessment of Healthcare Providers and Systems (CAHPS) used by Centers for Medicare and Medicaid Services will be adapted to develop the new Guam Patient Experience of Care Survey (GPECS). It will be conducted every 3 years. The data will be collected on a monthly basis and aggregated for one full year.   The survey will have standardized questions on how patients experienced or perceived key aspects of their care such as the communication skills of providers and ease of access to health care services. It is not a customer satisfaction survey on how satisfied the patient is with their care. Beneficiaries who avail of the services from the Prior Authorization office and renew their certification at the Bureau of Economic Security will be given a survey to fill out.

The data results from the GPECS will be aggregated and analyzed in order to determine the extent to which beneficiary needs are met. Since the data is retrospective, it may not demonstrate current access, but it is an indicator for whether or not beneficiaries are able to access medical services when they are needed.

KEHA Hotline: The Division of Public Welfare (DPW), Bureau of Management Support (BMS) operates a KEHA Hotline (KEHA means to "tell" in the native language called Chamorro) for beneficiaries to report fraud, abuse, and complaints. The hotline number is 735-7353 and operates Monday to Friday from 8:00am – 5:00pm. BMS maintains a log from the hotline that tracks calls from beneficiaries.

Complaint Report Through Online Portal: DPHSS, Bureau of Health Care Financing (BHCF) will develop a tracking system to allow beneficiaries to report access concerns and/or complaints through the existing Bureau of Health Care Financing website. BHCF will record, track and monitor concerns and/or complaints.

Service Call Center: DPHSS, Bureau of Economic Security (BES) under DPW is currently seeking a Request for Information to develop a Service Call Center (SCC) to answer program and case specific inquiries, make minor changes, provide certification, reschedule appointments, provide Fair Hearing information and accepts report of potential program violators and abusers. Also, the SCC will provide Medicaid beneficiaries with location and contact numbers of authorized providers.

Beneficiary Population

The Guam Medicaid program has six eligibility categories: Aid to the Permanently & Totally Disabled, Aid to the Blind, Categorically Needy, New Eligibility Group, Old Age Assistance, Temporary Assistance to the Needy Families and the Medicaid Childless Adults.

In CY2015, the Guam Medicaid program provided coverage to approximately over 44,000 enrolled beneficiaries with total expenditures of over $80 million. Approximately 26% of the territory's population were enrolled in the Guam Medicaid program.

Total FFS Population by Gender, CY2015

48% 52%

■ Female ■ Male
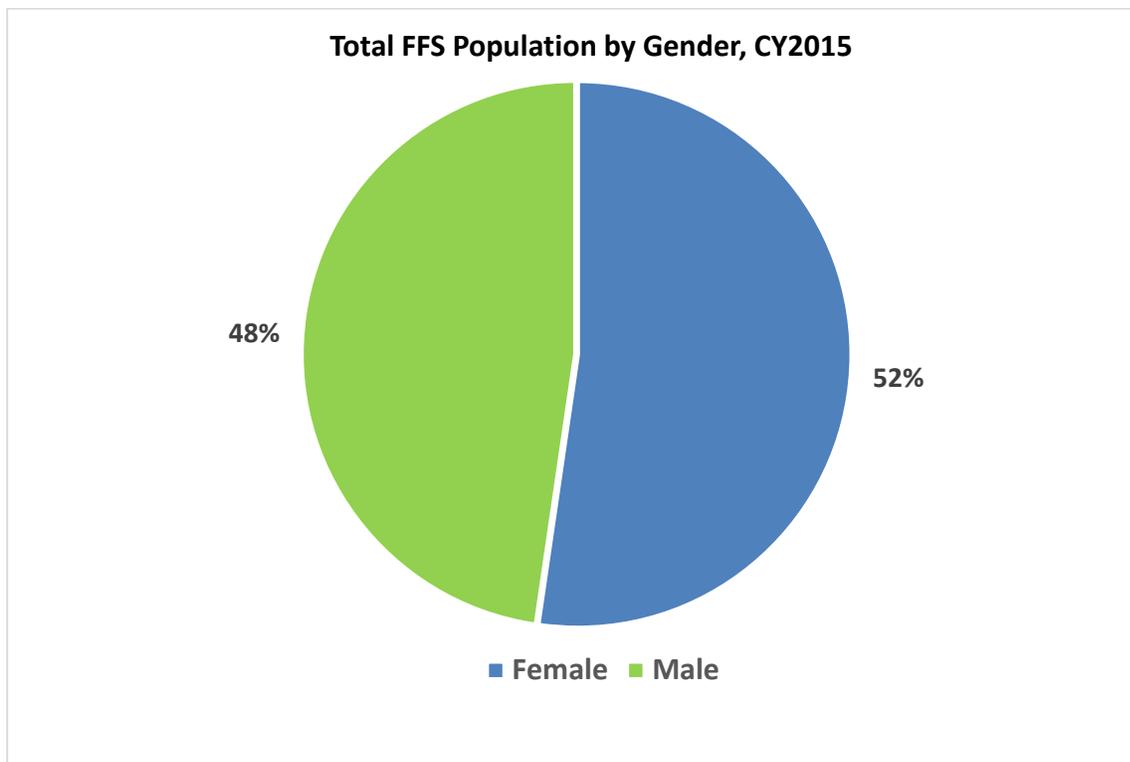
Source: PHPRO, Report Participants by Gender, CY2015

Guam Medicaid Beneficiaries by Program Categories, CY2015
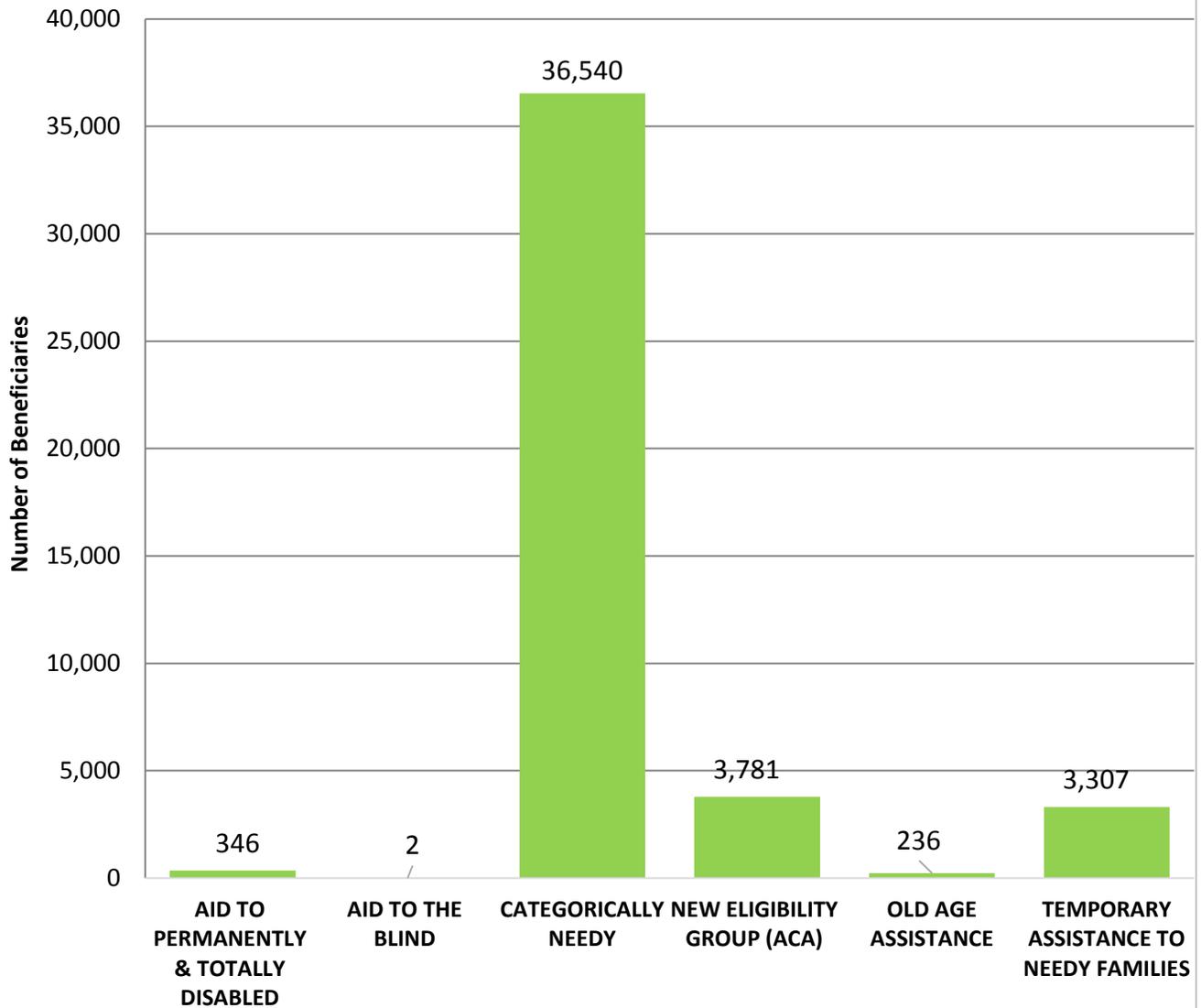
Source: PHPRO, Report Participants by Grant, CY2015

Medicaid payment rates

Guam Medicaid's FFS reimbursement rates are sufficient to assure access for all service areas at least to the extent that they are available to the general population. The availability of care, as well as providers, and the utilization of Medicaid services are comparable to the Medicare Fee Schedule, versus those rates paid by other payers in the market. The fee schedules are updated regularly based on the Medicare Fee Schedule updates.

Review Analysis of Primary Care Services

Data sources
- Provider enrollment data from PHPRO
- Claims data from PHPRO
- Results of Patient Experience of Care Survey (GPECS) (access-related questions)
- Summary results of complaints through call center and online portal

Availability of primary care providers

Primary care in this report includes primary care physicians (general practice, family practice, internal medicine and pediatricians), nurse practitioners (NP), dental providers and Federally Qualified Health Centers (FQHC).

The baselines for monitoring the availability of primary care providers for the FFS population in CY2015 are presented in Table 1. The primary care provider types include primary care physicians (family practice, general practice, and pediatricians), non-physicians (nurse practitioners, clinical nurse specialists, and physician assistants), dental providers and Federally Qualified Health Centers (FQHC).

Table 1. Primary care providers active, CY2015

Primary Care: Active Provider	Total	Total Claims	Total Patients
Physicians	100	40,991	15,167
Non-Physicians	18	3,125	1,910
Dentists	19	18,103	8,951
FQHCs	2	27,241	12,625
Total Active Primary Care Providers	139	89,460	38,653

Table 1 above sets forth a measure of active providers for the FFS population. To be included in the "active" provider measurement, a primary care provider must have provided at least one service to a FFS enrollee in CY2015.

Monitoring and Recommendations

DPHSS will continually measure trends in all primary care service availability. An analysis will be conducted in the event of a significant negative trend in any of these measures of access that cannot be explained by systematic changes in the eligible FFS population. Based on the findings of this analysis, DPHSS will implement changes to improve access and monitor select measures accordingly.

Review Analysis of Physician Specialists

Data sources
- Provider enrollment data from PHPRO
- Claims data from PHPRO
- Results of Patient Experience of Care Survey (GPECS) (access-related questions)
- Summary results of complaints through call center and online portal

Availability of physician specialists

Physician specialists provide treatment for a specific condition, chronic illness, or acute event. Medicaid requires recipients to be referred by a primary care physician. For purposes of the plan, physician specialists include: Oncologist, General Surgeon, Ophthalmologist, Neurologist, Anesthesiologist, Cardiologist, Pulmonologist, Orthopedic Surgeon, Radiologist, Optometrist, and Urologist.

The baselines for monitoring the availability of specialists for the FFS population in CY2015 are presented in Table 2. These measures will be stratified by physician specialist type. It should be noted that this only includes licensed physicians for each specialty area, and does not include other non-physician providers who also provide specialty care, such as physician assistants and nurse practitioners.

Table 2. Specialty providers active, CY2015

Specialist: Active Provider	Total	No. of Claims	No. of Patients
Physician Specialists	79	49,252	19,948

Table 2 above sets forth a measure of active providers for the FFS population by each specialty area. To be included in the "active" provider measurement, the provider must have provided at least one specialty service to a FFS enrollee in CY2015.

Data Relevant to Beneficiary Specialty Care Needs Being Met

The extent to which beneficiary specialty care needs are being met will be measured using the Guam PECS Survey. The survey questions that specifically target access to specialty care will be reported and analyzed in this plan (e.g., On a rating scale from Poor to Excellent, what was the ease of getting a referral when you needed one? Responses: Poor, Fair, Good, Very Good, Excellent, or Does Not Apply).

Monitoring and Recommendations

DPHSS will continually measure trends in all specialty care service availability. An analysis will be conducted in the event of a significant negative trend in any of these measures of access that cannot be explained by systematic changes in the eligible FFS population. Based on the findings of this analysis, DPHSS will implement changes to improve access and monitor select measures accordingly.

Review Analysis of Behavioral Health Services

Data sources
- Provider enrollment data from PHPRO
- Claims data from PHPRO
- Results of Patient Experience of Care Survey (GPECS) (access-related questions)
- Summary results of complaints through call center and online portal

Availability of Behavioral Health Provider Measures

For the purposes of this plan, the provider-type category for "mental health professionals" includes nurse practitioners, clinical nurse specialists, psychologists, licensed social workers, marriage and family therapists, and licensed professional clinical counselors.

The baselines for monitoring the availability of providers for mental health services for the FFS population in CY2015 are presented in Table 3.

Table 3. Mental health providers active, CY2015

Mental Health: Active Provider	Total	Total Claims	Total Patients
Mental Health Professionals	2	18	3

Table 3 sets forth a measure of active providers who delivered mental health services to the FFS population in CY2015. To be included in this "active" provider measurement, a provider must have provided at least one mental health services to a FFS enrollee in CY2015.

Data Relevant to Beneficiary Specialty Care Needs Being Met

The extent to which beneficiary behavioral health care needs are being met will be measured using the Guam PECS Survey. The survey questions that specifically target access to behavioral health care will be reported and analyzed in this plan (e.g., On a rating scale from Poor to Excellent, what was the ease of getting the medical health or behavioral health services you needed? Responses: Poor, Fair, Good, Very Good, Excellent, or Does Not Apply).

Monitoring and Recommendations

DPHSS will continually measure trends in all behavioral health care service availability. An analysis will be conducted in the event of a significant negative trend in any of these measures of access that cannot be explained by systematic changes in the eligible FFS population. Based on the findings of this analysis, DPHSS will implement changes to improve access and monitor select measures accordingly.

Review Analysis of Pre- and Post-Natal Obstetric Services

Data sources
- Provider enrollment data from PHPRO
- Claims data from PHPRO
- Results of Patient Experience of Care Survey (GPECS) (access-related questions)
- Summary results of complaints through call center and online portal

Availability of Obstetric Services

The service category of obstetrics in this report covers pre- and post-natal services related to pregnancy and childbirth for women under the age of 65 who were covered under the FFS system in CY2015.

The baselines for monitoring the availability of obstetric providers for the FFS population in CY2015 are presented in Table 4.

Table 4. Obstetric providers active, CY2015

Obstetric Care: Active Provider	Total	Total Claims	Total Patients
Physicians	19	6,605	3,407
Midwives/Nurses	8	1,595	994
Total Active Obstetric Providers	27	8,200	4,401

Table 4 sets forth a measure of active providers who provided obstetric care to the FFS population, stratified by provider type. To be included in this "active" provider measurement, an obstetric provider must have provided at least one obstetric service to a female FFS enrollee under the age of 65 in CY2015. The provider-type category for "physician" includes both family practice physicians and obstetricians/gynecologists (OB/GYNs). The provider-type category for "midwife/nurse" includes nurse practitioners, nurse midwives, certified nurse anesthetics, and certified professional midwives.

Monitoring and Recommendations

DPHSS will continually measure trends in all obstetric service availability. An analysis will be conducted in the event of a significant negative trend in any of these measures of access that cannot be explained by systematic changes in the eligible FFS population. Based on the findings of this analysis, DPHSS will implement changes to improve access and monitor select measures accordingly.

Review Analysis of Home Health Services

Data sources
- Provider enrollment data from PHPRO
- Claims data from PHPRO
- Results of Patient Experience of Care Survey (GPECS) (access-related questions)
- Summary results of complaints through call center and online portal

Availability of Home Health Services

For purposes of this report, home health services are comprised of the following: nursing services, supplies and equipment suitable for home use, and hospice care.

The baselines for monitoring the availability of home health for the FFS population in CY2015 are presented below.

Table 5. Home health services active, CY2015

Home Health Services: Active Provider	Total	Total Claims	Total Provider
Home Health Services	6	2,891	740

Table 5 provides a measure of active home health services to the FFS population in CY2015. To be included in this "active" provider measurement, a provider must have provided at least one service to a FFS enrollee in CY2015.

Monitoring and Recommendations

DPHSS will continually measure trends in all home health care service availability. An analysis will be conducted in the event of a significant negative trend in any of these measures of access that cannot be explained by systematic changes in the eligible FFS population. Based on the findings of this analysis, DPHSS will implement changes to improve access and monitor select measures accordingly.