Implementation of Medicaid Work Requirements: Physicians' Willingness to Assist with Exemptions for Vulnerable Populations

Harald Schmidt, Julia Szymczak, Andrew Spieker, David Grande

Penn LDI CHIBE
CENTER for HEALTH INCENTIVES and BEHAVIORAL ECONOMICS at the LEONARD DAVIS INSTITUTE
HOME OF THE UPHS CENTER FOR INNOVATION IN HEALTH CARE FINANCING & PENN CMU ROYBAL P30 CENTER ON BEHAVIORAL ECONOMICS AND HEALTH

Acknowledgements

AJ Roholt, Alec Hilton, Amy Ashbridge, Alexandra Belfi, Ashwini Nagappan, Atheendar Venkataramani, Claire Dinh, Erica Dixon, Judy Shea, Kat Berkowitz, Kevin De Liban, Lauren Counterman, Loretta Alexander, Mel Nasielski, Myles Deal, Nancy Kennedy Smith, Raksha Dondapati, Roma Dhamanaskar, Ron Shapiro and Campus Copy team (esp Dave), Sarah Bart, Stephanie Seghers, Susanna Birnbaum, Tianying Luo, Theodore Satterthwaite, Victoria Lee, Primary Care Physicians in AR, IN, KY, NH.

Funding:

Robert Wood Johnson Foundation, Research in Transforming Health and Health Care Systems CFP: "Implementation of Medicaid Work Requirements: Factors Influencing Physicians' Willingness to Request Exemptions" (76037)

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What are Medicaid Work Requirements?

- Introduced in Jan 2018 by CMS under Sec. 1115 Waivers:
- Complete X hours/month to have access to Medicaid benefits
- *Also*: penalties for:

  a) not paying premiums

  b) not confirming status

  c) may need to earn dental/vision benefits

https://www.medicaid.gov/federal-policy-guidance/downloads/smd18002.pdf

WR Aims – CMS' Justification

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850

CMS

SMD: 18-002

RE: Opportunities to Promote Work and Community Engagement Among Medicaid Beneficiaries

January 11, 2018

Dear State Medicaid Director:

The Centers for Medicare & Medicaid Services (CMS) is announcing a new policy designed to assist states in their efforts to improve Medicaid enrollee health and well-being through incentivizing work and community engagement among non-elderly, non-pregnant adult Medicaid beneficiaries who are eligible for Medicaid on a basis other than disability.[1] Subject to the full federal review process, CMS will support state efforts to test incentives that make participation in work or other community engagement a requirement for continued Medicaid eligibility or coverage for certain adult Medicaid beneficiaries in demonstration projects authorized under section 1115 of the Social Security Act (the Act). Such programs should be designed to promote better mental, physical, and emotional health in furtherance of Medicaid program objectives. Such programs may also, separately, be designed to help individuals and families rise out of poverty and attain independence, also in furtherance of Medicaid program objectives. [2]

This guidance describes considerations for states that may be interested in pursuing demonstration projects under section 1115(a) of the Act that have the goal of creating incentives for Medicaid beneficiaries to participate in work and community engagement activities. It addresses the application of CMS' monitoring and evaluation protocols for this type of demonstration and identifies other programmatic and policy considerations for states, to help them design programs that meet the objectives of the Medicaid program, consistent with federal statutory requirements.

[1] States will have the flexibility to identify activities, other than employment, which promote health and wellness, and which will meet the states' requirements for continued Medicaid eligibility. These activities include, but are not limited to, community service, caregiving, education, job training, and substance use disorder treatment.
[2] Section 1901 of the Social Security Act authorizes appropriations to support State Medicaid programs: "For the purpose of enabling each State, so far as practicable under the conditions in such State, to furnish (1) medical assistance on behalf of families with dependent children and of aged, blind, or disabled individuals, whose income and resources are insufficient to meet the costs of necessary medical services, and (2) rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care[.]"

Sec 1115 Waivers " should be designed to promote better mental, physical, and emotional health… separately… help individuals and families rise out of poverty and attain independence"

https://www.medicaid.gov/federal-policy-guidance/downloads/smd18002.pdf

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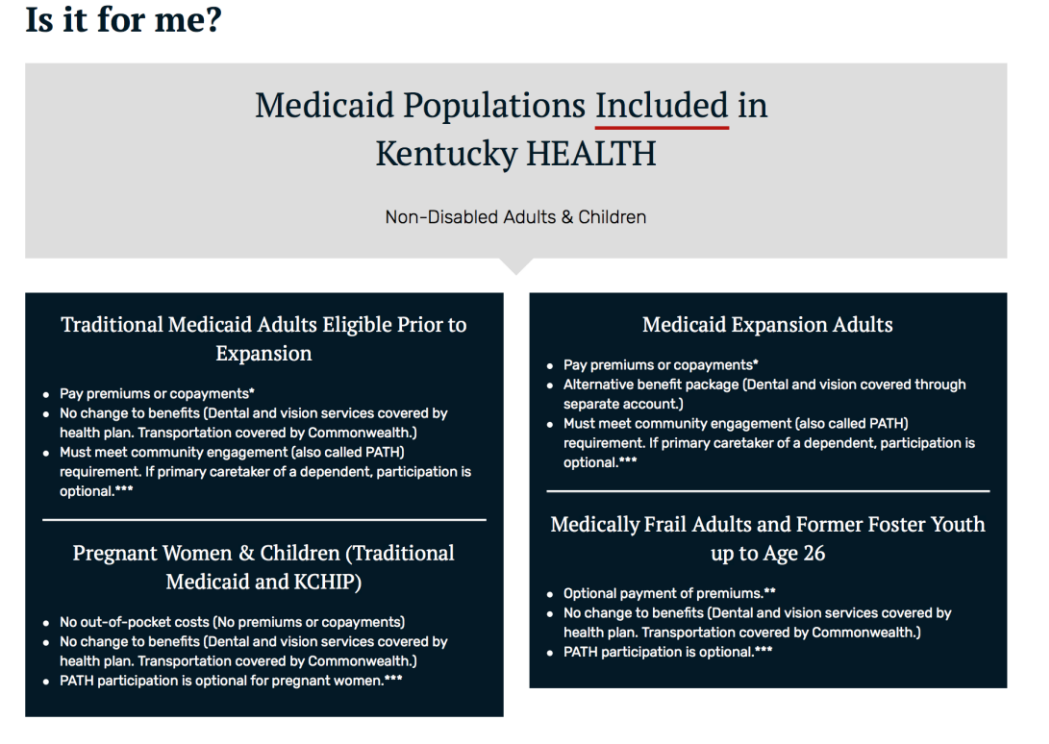
KY - Community engagement (aka: WR)

- Job skills training
- Job search activities
- Education related to employment
- General education (i.e. GED, community college)
- Vocational education/ training
- Subsidized or unsubsidized employment
- Community work experience
- Community service/public service
- Caregiving services for a non-dependent relative or other person with a chronic, disabling health condition.
- [Substance use disorder program]

http://chfs.ky.gov/NR/rdonlyres/A7F17FE3-7E2D-40EF-B404-5D8D12DB9EAB/0/62216KentuckyHEALTHWaiverProposal.pdf

KY - Community engagement: exemptions

- Disabled
- Former foster care youth
- Pregnant
- Primary caregiver/dependent household)
- *Medically frail*
- Acute medical condition
- Full time students



https://kentuckyhealth.ky.gov/Pages/Is-it-for-Me.aspx

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Where do Physicians come in?

1. (Not) assisting with disability status

2. (Not) assisting with *medically frail status*
3. (Not) *treating patients who lost coverage*

PCPs assisting with medically frail determination

	KY	IN	AK	NH
Can PCP determine frailty?	No	No	No	(No)

PCPs assisting with medically frail determination

	KY	IN	AK	NH
Can PCP determine frailty?	No	No	No	(No)
Can Patient request status?	Yes	Yes	Yes	Yes

PCPs assisting with medically frail determination

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Can PCP determine frailty?	No	No	No	(No)
Can Patient request status?	Yes	Yes	Yes	Yes
What can PCP do?	1. Write Doctor's Report 2. Assist with Self-attestation	1. Assist with Self-attestation [informal]	1. Become a Registered Reporter 2. Assist with Self-attestation	1. Submit form

PCPs assisting with medically frail determination

	KY	IN	AK	NH
Can PCP determine frailty?	No	No	No	(No)
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What can PCP do?	1. Write Doctor's Report 2. Assist with Self-attestation	1. Assist with Self-attestation [informal]	1. Become a Registered Reporter 2. Assist with Self-attestation	1. Submit form
Ultimate determination	MCO	MCO	MCO	HD (PCP)

(Organized) Physicians: whose side will they be on?

American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Psychiatric Association:

> "[i]mposing work requirements, [and related measures] will limit access to preventive and primary care services and inhibit Medicaid beneficiaries from seeking care that helps them avoid costlier health conditions and maintain wellness, [creating] unacceptable barriers to care, especially for the most vulnerable persons".

AAFP, AAP, ACOG, ACP, APA. Section 1115: Demonstration waivers and other proposals to change Medicaid benefits, financing and costsharing. Joint position statement. 2017

Would docs really lie? Literature*

Attitudinal and empirical research: Between 10-60% of Docs use ‘workarounds’ to ensure patients receive needed care--even when they risk disciplinary sanctions:

- Exaggerating the severity of conditions; changing billing diagnoses; and/or reporting signs or symptoms patients did not have
- Absorb the cost, actively refer patients to no-fee safety-net providers

*Thanks to Alec Hilton for a review of the literature (references available on request)

(Individual) Physicians: whose side will they be on? - Policy

It's my job

Docs often faced with benefit judgements (sick-leave, disability)

Comply, but feel "so tore up"

In temporary cut of dental benefits, dentist sent parents of kids with lost coverage to complain to DHS, instead of treating them. Acknowledges the outcome as "cruel and mean", "I'm so tore up, I don't have the words to describe it."

Just too much extra work

West Virginia Medicaid demonstration project/Deficit Reduction Act of 2005: Not requesting exemptions led to 10% overall increase in avoidable ED use

Yetter, D. Kids wrongly denied care under Bevin's Medicaid cuts, dentists say. Louisville Courier Journal, July 3, 2018
Gurley-Calvez T, Kenney GM, Simon K, Wissoker D. Medicaid reform and emergency room visits:evidence fromWest Virginia's Medicaid redesign.

What (some of) the people think: state legislators

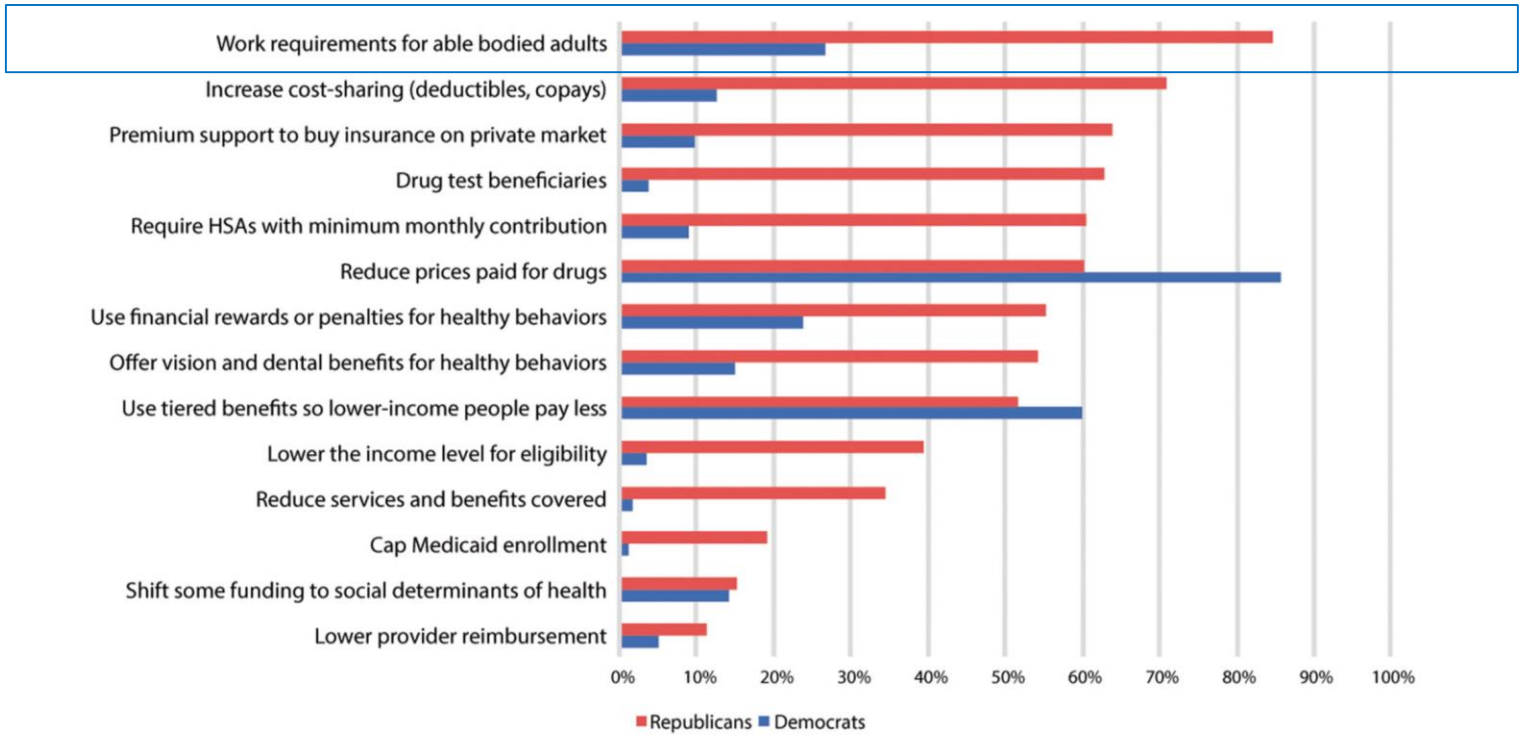

Figure 2. State legislators' support for Medicaid policy changes. Authors' survey of state legislators using the National Conference of State Legislators database. Figure 2 shows the percentage of state legislators, by political party, who support or strongly support various Medicaid reform proposals.

Zhu JM, Chhabra M, Grande D. Concise Research Report: The Future of Medicaid: State Legislator Views on Policy Waivers. JGIM. 2018 May 15:1-3.

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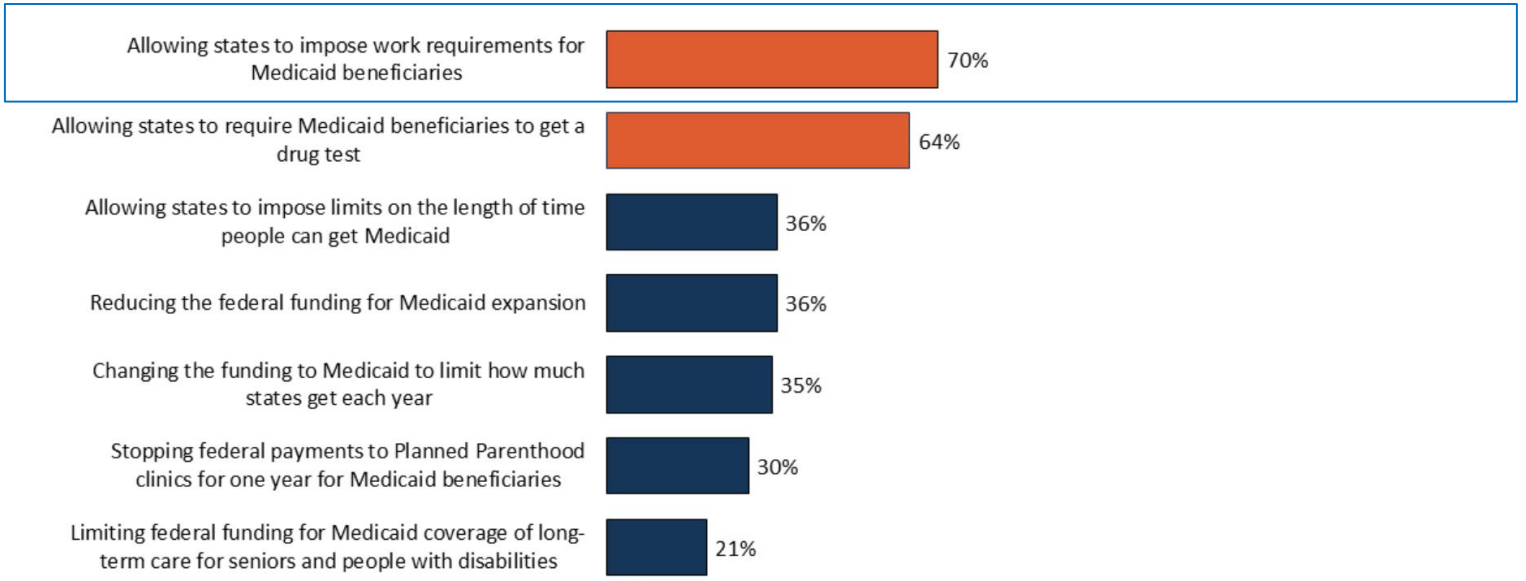
What (some of) the people think: general public

Figure 8

Large Support for Work Requirements and Drug Tests, Fewer Support Other Proposed Changes to Medicaid

Percent who support each of the following changes to Medicaid currently being considered by Congress and the administration:



NOTE: Question wording abbreviated. See topline for full question wording.
SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted June 14-19, 2017)

THE HENRY J. KAISER FAMILY FOUNDATION

https://www.kff.org/medicaid/poll-finding/data-note-10-charts-about-public-opinion-on-medicaid/

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Why Docs/PCPs views matter

Overall: Highly structured rules on who is deemed able to comply, major underlying assumptions about fairness.

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    - Where PCPs expose patients to WR counter to regulatory intent: risks of harm to patients

Why Docs/PCPs views matter

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2. Impact on burn out, professionalism
3. PCPs: Key stakeholder group intent on promoting patient health, close familiarity —views matter for reasonableness of responsibility push, ethics

What we did

- Survey to 4,160 PCPs accepting Medicaid patients, in first 4 approved states
- AR (923), IN (1,332), KY (1,331), NH (574) 100% eligible in NH and AR, 80% in KY, IN
- 2 sets of contact data for physical and email addresses via SK&A/IQVIA

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Letters

Perelman School of Medicine
University of Pennsylvania

September 27, 2019

Dr. [redacted]
[redacted]
[redacted], AR 72160-3274

Dear Dr. [redacted],

Arkansas Primary Care Providers' views on Medicaid work and community engagement rules

We are researchers from the University of Pennsylvania who wrote to you several weeks ago with an invitation to let us know what work requirement/community engagement policy in Medicaid means for you, your patients and your practice.

We have already heard from many of your colleagues, but not from you. We are writing again because of the importance that your response makes for accurate survey results. It is only by hearing from nearly everyone in the sample that the findings can be representative of Arkansas primary care providers' views, and help robustly inform the ongoing legal challenges around work and community engagement rules.

This survey should take about **5 minutes** to complete. While there are reference materials included in the envelope (colored sheets), the survey itself is only 4 pages.

To respond, please fill out the enclosed paper survey and mail it back in the pre-stamped envelope. If you prefer to respond online, please visit: https://tinyurl.com/WorkARsurvey (or scan the QR code below).

Your answers to the survey will be confidential and all data will be reported anonymously only. This study has received approval from the University of Pennsylvania Institutional Review Board (Protocol # 32562).

Please email or call us with any questions or concerns. If you do not wish to participate, please return the blank questionnaire in the enclosed envelope.

We completely realize that your time is scarce, but very much hope that you will be able to help us with this important research. We thank you for considering this request,

sincerely,

Harald Schmidt, PhD
215-573-4519
schmidth@mail.med.penn.edu

David Grande, MD
215-573-3804
dgrande@pennmedicine.upenn.edu

Penn Institutional Review Board: 215.573.2540, irb@pobox.upenn.edu

Note: Dollar bill included here intentionally.

AR_A_III104_112

- Windowed white 6”x9½” Booklet Envelope
- Sender: Dr. Dave Grande, PSOM, Penn Logo
- Presorted mail, hand-affixed ‘look’ stamp

Inside:

- 1 page cover letter
- Instrument: 4 pp/8 MC questions, open text options, 11 demographics
- Background info on requirements and exemption process, verbatim/exerpt from state program (color paper, 4-12pp)
- Prestamped, self-addressed, return envelope
- 80%: $2, 10% each: $10, $20
- Pennmedicine pencil

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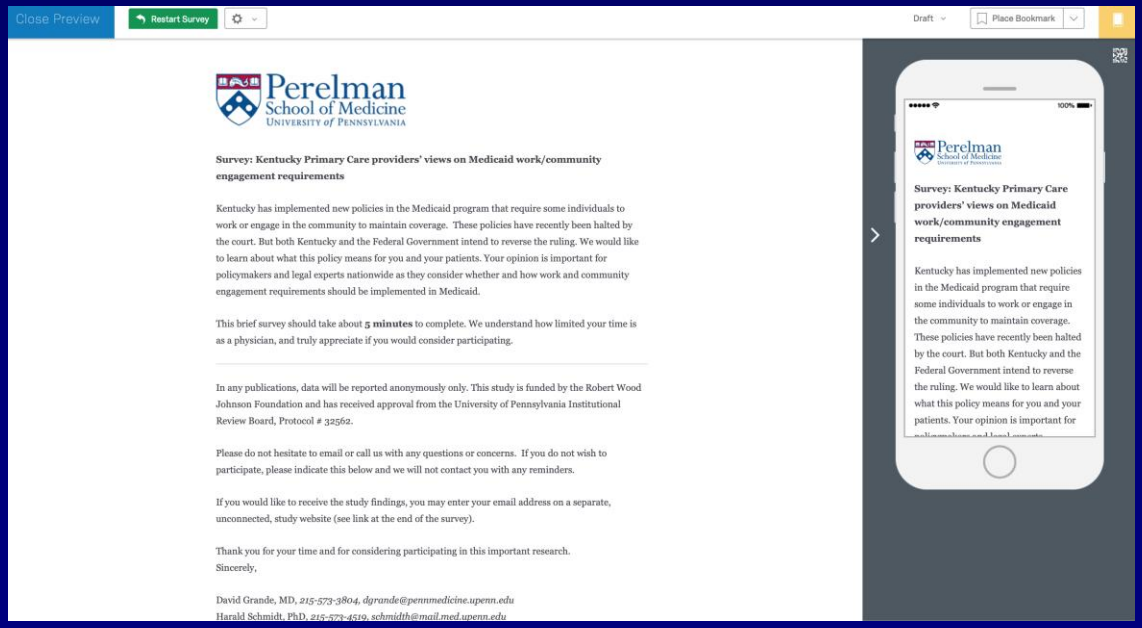
Response options

- Return instrument in pre-stamped envelop
- Reply online: unique access codes, Qualtrics survey (Desktop! Mobile! 5 OS, 5 browsers!)
- (Call)
- (Fax)



Substantive questions

1. How informed were you (before receiving survey with addl info)
2. Vignette: would you assist and recommend exemption
   a) How appropriate would exemption be
   b) If patient is not exempted and returns, you would…
   c) How appropriate is administrative effort
3. How likely that you'll see pt with lost coverage/about to lose
4. Overall WR dis/approval
5. Other comments (free text)

2x2 Vignette

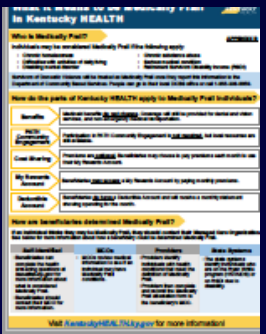
		Severity	
Time		Minor	Major
	Short	25%	25%
	Long	25%	25%

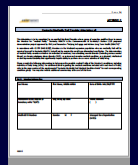
- **Short**: patient visits for the first time
- **Long**: PCP has know pt for 2 years

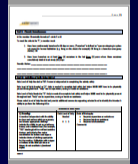
- **Minor** depression: 3/9 criteria
- **Major** depression: 7/9 criteria, lasting 3 months

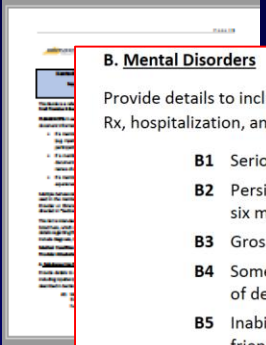
Required for exemption " Major depressive disorder" (severe) i.e. 5/7, at least 2 weeks (ICD-10, DSM-5). Otherwise "Minor depressive episode"

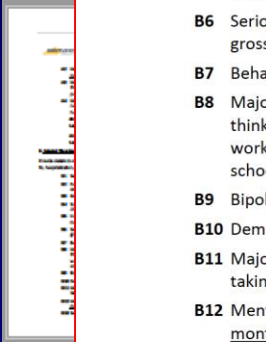
Attesting depression: KY vs NH

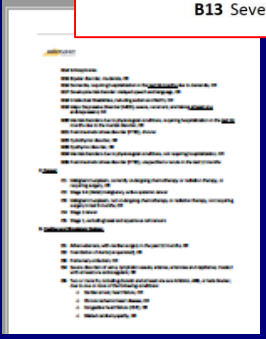


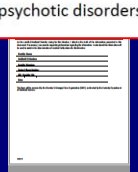


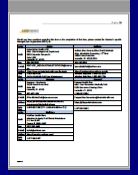








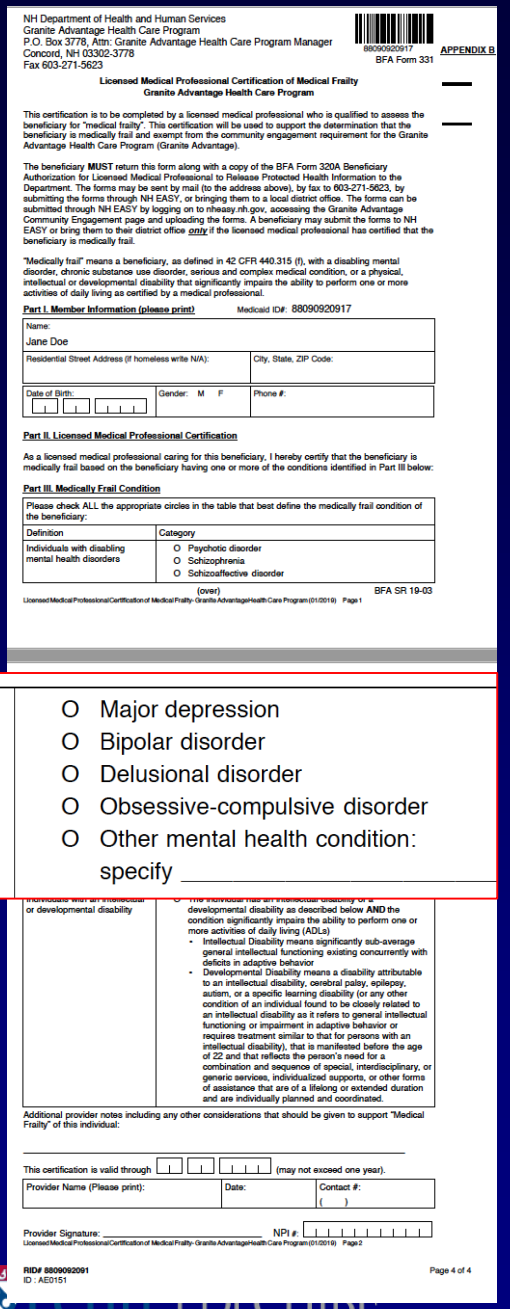




B. Mental Disorders

Provide details to include diagnosis of severe mental illness (SMI), date of diagnosis, current treatment, Rx, hospitalization, and impact to ADLs.

- **B1** Serious suicidal act with clear expectation of death in the last six months, OR
- **B2** Persistent danger of severely hurting self or others (e.g. recurrent violence), in the last six months OR
- **B3** Gross impairment in communication (e.g. largely incoherent or mute), OR
- **B4** Some danger of hurting self or others (e.g. suicide attempts without clear expectation of death; frequently violent; manic excitement), in the last six months OR
- **B5** Inability to function in almost all areas (e.g. stays in bed all day; no job, home, or friends), in the last six months OR
- **B6** Serious impairment in communication or judgment (e.g. sometimes incoherent, acts grossly inappropriately, suicidal preoccupation), OR
- **B7** Behavior is considerably influenced by delusions or hallucinations
- **B8** Major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g. depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school), in the last six months OR
- **B9** Bipolar disorder, severe, OR
- **B10** Dementia, requiring hospitalization (for dementia) in the last 12 months, OR
- **B11** Major Depressive Disorder (MDD), severe with recurrent psychotic symptoms, and taking two (2) or more antidepressants, OR
- **B12** Mental disorders due to physiological conditions, requiring hospitalization in the last 12 months due to the mental disorder, OR
- **B13** Severe psychotic disorders, taking two (2) or more antipsychotics, OR



NH Department of Health and Human Services
Granite Advantage Health Care Program
P.O. Box 3778, Attn: Granite Advantage Health Care Program Manager
Concord, NH 03302-3778
Fax 603-271-5623

88090920917
BFA Form 331

APPENDIX B

Licensed Medical Professional Certification of Medical Frailty
Granite Advantage Health Care Program

This certification is to be completed by a licensed medical professional who is qualified to assess the beneficiary for "medical frailty". This certification will be used to support the determination that the beneficiary is medically frail and exempt from the community engagement requirement for the Granite Advantage Health Care Program (Granite Advantage).

The beneficiary **MUST** return this form along with a copy of the BFA Form 320A Beneficiary Authorization for Licensed Medical Professional to Release Protected Health Information to the Department. The forms may be sent by mail (to the address above), by fax to 603-271-5623, by submitting the forms through NH EASY, or bringing them to a local district office. The forms can be submitted through NH EASY by logging on to nheasy.nh.gov, accessing the Granite Advantage Community Engagement page and uploading the forms. A beneficiary may submit the forms to NH EASY or bring them to their district office ***only*** if the licensed medical professional has certified that the beneficiary is medically frail.

"Medically frail" means a beneficiary, as defined in 42 CFR 440.315 (f), with a disabling mental disorder, chronic substance use disorder, serious and complex medical condition, or a physical, intellectual or developmental disability that significantly impairs the ability to perform one or more activities of daily living as certified by a medical professional.

Part I. Member Information (please print) Medicaid ID#: 88090920917

Name: Jane Doe	
Residential Street Address (if homeless write N/A):	City, State, ZIP Code:
Date of Birth:	Gender: M F / Phone #:

Part II. Licensed Medical Professional Certification

As a licensed medical professional caring for this beneficiary, I hereby certify that the beneficiary is medically frail based on the beneficiary having one or more of the conditions identified in Part III below:

Part III. Medically Frail Condition

Please check ALL the appropriate circles in the table that best define the medically frail condition of the beneficiary:

Definition	Category
Individuals with disabling mental health disorders	O Psychotic disorder O Schizophrenia O Schizoaffective disorder

(over) BFA SR 19-03

Licensed Medical Professional Certification of Medical Frailty- Granite Advantage Health Care Program (01/2019) Page 1

Individuals with disabling mental health disorders (continued)	O Major depression O Bipolar disorder O Delusional disorder O Obsessive-compulsive disorder O Other mental health condition: specify _____

Individuals with an intellectual or developmental disability	O The individual has an intellectual disability or a developmental disability as described below **AND** the condition significantly impairs the ability to perform one or more activities of daily living (ADLs) • Intellectual Disability means significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior • Developmental Disability means a disability attributable to an intellectual disability, cerebral palsy, epilepsy, autism, or a specific learning disability (or any other condition of an individual found to be closely related to an intellectual disability as it refers to general intellectual functioning or impairment in adaptive behavior or requires treatment similar to that for persons with an intellectual disability), that is manifested before the age of 22 and that reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of a lifelong or extended duration and are individually planned and coordinated.

Additional provider notes including any other considerations that should be given to support "Medical Frailty" of this individual:

This certification is valid through ___ ___ ____ (may not exceed one year).

Provider Name (Please print):	Date:	Contact #: ( )

Provider Signature: _____ NPI #: _____

Licensed Medical Professional Certification of Medical Frailty- Granite Advantage Health Care Program (01/2019) Page 2

RID# 8809092091
ID : AE0151

Page 4 of 4

Why depression?

- 40% Medicaid patients have mental health issue, 25% depressed (CMS)
- Personal responsibility theme (‘slackers’ vs. victim blaming)

Medical frailty: numeric and normative relevance

"Findings [for KY] suggest that most beneficiaries who would be included in CE programs either already meet activity requirements, which they will be required to proactively report, or may qualify for a medical frailty exemption.

Consequently, the outcomes of CE programs will depend on states' processes for addressing health-related, socioeconomic, and administrative barriers to participating in and reporting CE activities and identifying medical frailty."

Venkataramani AS, et al. "Assessment of Medicaid beneficiaries included in community engagement requirements in Kentucky". JAMA network open. 2019 Jul 3;2(7):e197209-.
Cf: Sommers, Benjamin D., et al. "Medicaid work requirements—results from the first year in Arkansas." *New England Journal of Medicine* 381.11 (2019): 1073-1082.

Non-substantive/Demographic data

- Gender [MC&free text]
- Age
- Race [MC&free text]
- Political Affiliation [MC&free text]
- In 2016 elections voted for [dropped in 2nd round]
- Year graduated from med school
- Primary specialty [MC&free text]
- % Medicaid patients
- Number PCPs at practice
- Other comments

Other sources:

Whether accessed information on:

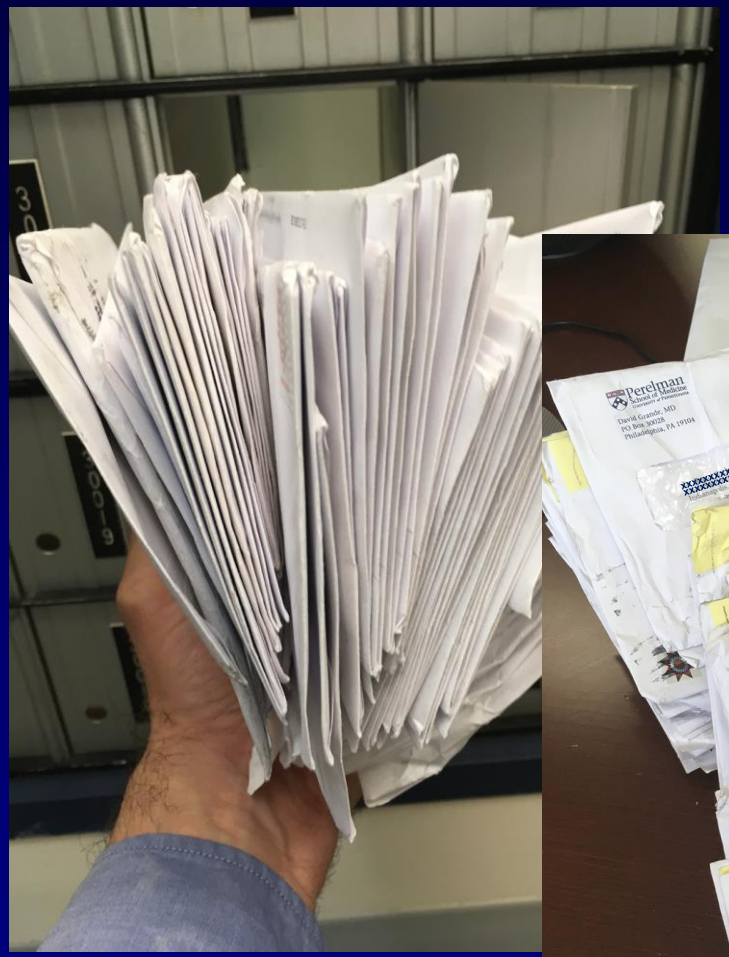
- general WR policy [online]
- exemption policy [online]
- sample attestation form [online, KY]

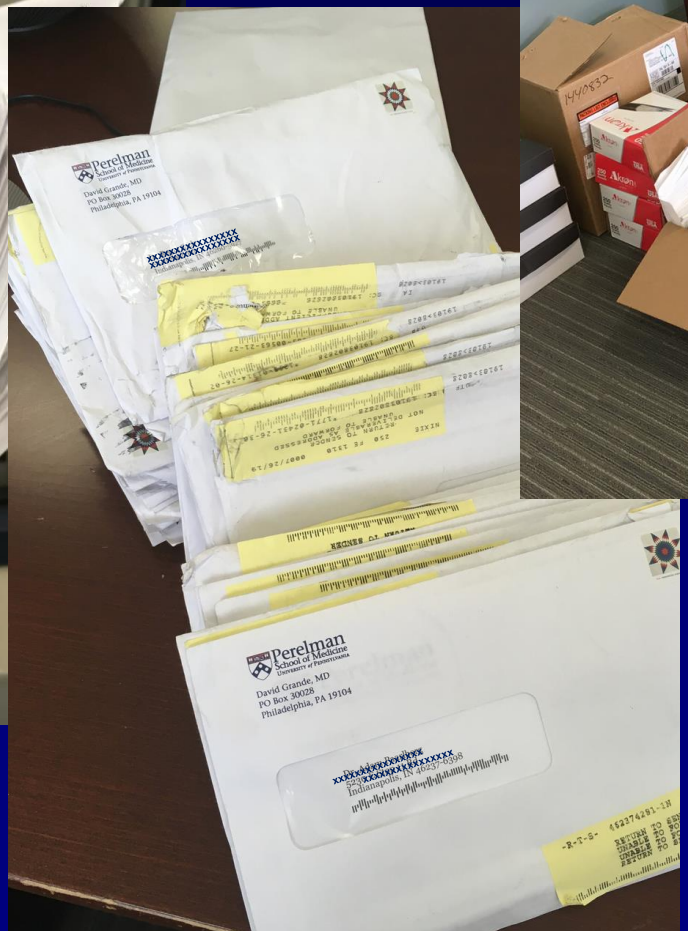
- ZIP code by state and federal depravation quintiles./deciles
- Political affiliations via voter registration data

Data collection

- **1st wave**: July 15, N=4,160
- **Email reminders** 1 day after receipt, weekly thereafter to non-responders
- Reminder **postcards**, directing to letter/Qualtrics via QSR code: July 29
- **2nd/final wave**: Oct 4 (remaining non-responders, same as before, except all $2 incentives, and)
- Emails (from Dr Grande's email..), calls

Responses




Perelman
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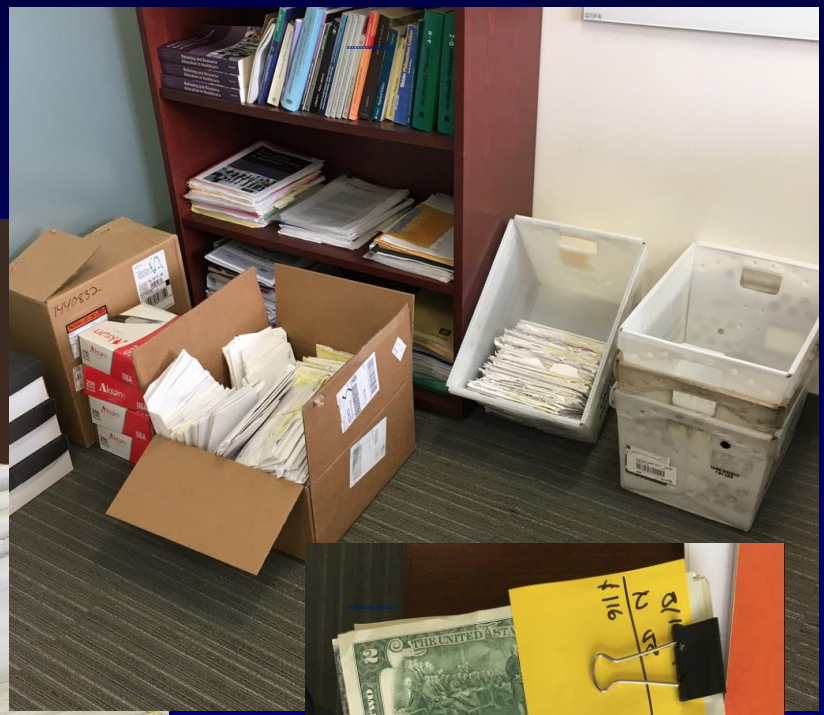

Findings

Findings

Findings….

Well balanced sample, good power, responsive to key questions

Substantive questions

1. How informed were you (before receiving survey with addl info)
2. Vignette: would you assist and recommend exemption
   a) How appropriate would exemption be
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5. Other comments (free text)

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Why Docs/PCPs views matter

Overall: Highly structured rules on who is deemed able to comply, major underlying assumptions about fairness.

1. Insofar as PCPs responses in implementation vary:
   - Where PCPs expose patients to WR counter to regulatory intent: risks of harm to patients
   - Where PCPs assist with exempting patients counter to regulatory intent: evaluations underestimate possible harm
2. Impact on burn out, professionalism
3. PCPs: Key stakeholder group intent on promoting patient health, close familiarity —views matter for reasonableness of responsibility push, ethics

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Waivers and Research ethics

- Equipoise as starting assumption: plausible superiority (or at least non-inferiority) of new intervention
- In high risk studies: Data Safety Monitoring Boards step in to stop studies due to harm—or if benefits are so overwhelming, need to be shared with controls

Some issues:

- No IRB required: Waiver exempt
- Common poor study design: no comparisons, poor sample sizes, [no] tested hypotheses, selective reporting of outcomes

Underhill, K., Venkataramani, A. and Volpp, K.G., 2018. Fulfilling States' Duty to Evaluate Medicaid Waivers. *New England Journal of Medicine*, *379*(21), pp.1985-1988.
Medicaid demonstrations: evaluations yielded limited results, underscoring need for changes to federal policies and procedures.Washington, DC: Government Accountability Office, January 19, 2018

Ethics… insofar as this should be evaluated

- (Apply common rule standards)
- Continuously evaluate the feasibility of beneficiaries' ability to meet new conditions; and offer guidance to ensure penalties are proportionate relative to the infraction.
- Identify high-risk subgroups and provide them proactive caseworker support, or exempt them altogether.
- Allow physicians to request exemptions to continue providing critical medical care for beneficiaries who fail to meet requirements, to avoid patients shifting to the ED for their health care needs.
- Provide guidance on what level of harm triggers program adjustment or termination. States should monitor the long term health effects of delayed or absent care as a result of not being able to meet requirements.
- Ensure procedural openness and transparency. Similar to clinical trials policy, waiver applications and evaluations should be publicly accessible in a central location to facilitate input from key stakeholders and to reduce the chances of poor study designs, faulty evaluations, and undisclosed harms.

Schmidt H, Hoffman, A. The Ethics of Medicaid's Work Requirements and Other Personal Responsibility Policies. JAMA. 2018 May 8 , cf:
Huberfeld N. Can work be required in the Medicaid program? N Engl J Med 2018; 378: 788-91.