

**Missouri State Medical Association
House of Delegates**

Resolution #12
(A-20)

Introduced by: Kansas City Medical Society

Subject: Ensuring Network Adequacy for MO HealthNet Patients

Referred to: Reference Committee B

1 WHEREAS, MO HealthNet provides health insurance for many patients in Missouri; and
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3 WHEREAS, Missouri State Medical Association supports the expansion on MO HealthNet; and
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5 WHEREAS, the proposed expansion of MO HealthNet is projected to increase the number of MO
6 HealthNet patients by approximately 352,000 Missourians; and
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8 WHEREAS, the most cost-effective healthcare delivery occurs by the provision of timely
9 outpatient prevention care and chronic care management; and
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11 WHEREAS, the current MO HealthNet provider network struggles to provide adequate and
12 timely outpatient services; and
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14 WHEREAS, utilization of Emergency Department for non-emergent care decreases access for
15 patients requiring emergent care, and delays throughput for patients in the Emergency
16 department; and
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18 WHEREAS, Emergency Department visits and hospitalizations are the costliest venues of
19 healthcare; and
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21 WHEREAS, Missouri hospitals and healthcare providers strive to be good stewards of the public
22 treasure; and
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24 WHEREAS; Missouri hospital-employed provider networks employ more than 50% of Missouri
25 physicians and health care providers; and
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27 WHEREAS, Missouri hospital-employed provider networks are not required to provide
28 outpatient services for MO HealthNet patients; and
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30 WHEREAS, Missouri hospitals generally bill and accept reimbursement for MO HealthNet
31 inpatient services; therefore, be it
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33 RESOLVED, that the MSMA support legislation that require any Missouri Hospital System or its
34 subsidiaries that accept reimbursement for inpatient Medicaid services to:
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- 36 1. Credential with Medicaid all of its employed outpatient primary care and specialty
 37 physician and allied healthcare provider network
 38 2. Provide outpatient services for Medicaid patients via its employed outpatient primary
 39 care and specialty physician and allied healthcare provider network
 40 3. Provide new and existing Medicaid patients with the same opportunity for access to
 41 their employed outpatient primary care and specialty physician and allied healthcare
 42 provider network as they do for new and existing Medicare and commercially insured
 43 patients;
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 45 and be it further RESOLVED, MSMA support legislation that reinvests any savings from decreased
 46 utilization of Emergency Department and Hospitalizations of Medicaid patients back into the
 47 Medicaid healthcare provider network.

Fiscal Note:

Current Policy:

REFERENCES

1. Cavender, L. W., & Tinnin, R. C. (2019). Missouri Medicaid Basics. *Missouri Foundation for Health*,1-16. Retrieved August 5, 2019, from <https://mffh.org/wordpress/wp-content/uploads/2019/01/2018-Missouri-Medicaid-Basics-web.pdf>.
 1. States may opt to cover additional services, which also qualify for federal matching funds. “Optional” means that federal law does not mandate the service. While considered optional, most of these services are central to effective health care. The elimination of these services may increase utilization and costs of some mandatory services, particularly emergency room care, and hospitalizations. In addition, lack of access to optional benefits can affect the ability of older adults and people with disabilities to remain in their homes and communities and can result in admission to a nursing facility or similar institution.
2. Cuckler, G. A., Sisko, A. M., Poisal, J. A., Keehan, S. P., Smith, S. D., Madison, A. J., Hardesty, J. C. (2018). National Health Expenditure Projections, 2017–26: Despite Uncertainty, Fundamentals Primarily Drive Spending Growth. *Health Affairs*,37(3), 482-492. doi:10.1377/hlthaff.2017.1655
 1. Under the deficit reduction act (DRA), new cost-sharing and benefit rules provided States the option of imposing new premiums and increased cost sharing on all Medicaid beneficiaries except for those mentioned above and terminally ill patients in hospice care. The DRA also established special rules for cost sharing for prescription drugs and for non-emergency services furnished in emergency rooms.
3. Fay, B. (2014). Emergency Room vs Urgent Care Centers. *Americas Debt Help Organization*. Retrieved August 5, 2019, from <https://www.debt.org/medical/emergency-room-urgent-care-costs/>. 1. The urgent care cost is \$50-\$150 while the average emergency department visit is \$1233-\$2168
4. Hartman, M., Martin, A. B., Espinosa, N., Catlin, A., & Acc, T. N. (2018). National Health Care Spending In 2016: Spending And Enrollment Growth Slow After Initial Coverage Expansions. *Health Affairs*, 37(1), 150-160. doi:10.1377/hlthaff.2017.1299

1. Spending for hospital care services represented 32% of total health care spending in 2016. Hospital expenditures reached \$1.1 trillion and increased 4.7% in 2016
 2. Hospital spending, the largest category at just over 1/3 of all Medicaid spending, increased 3.4% in 2016
 3. The total Medicaid spending reached \$465.5 billion in 2016 and represented 17% of total national health spending.
5. Norris, L. (2018). Missouri and the ACA's Medicaid expansion. *Health Insurance and Health Reform Authority*. Retrieved August 7, 2019, from <https://www.healthinsurance.org/missouri-medicaid/>.
1. 352,000 additional people will be covered under the expansion of Medicaid
 2. As of July 2018, Medicaid/CHIP covers 933,441 people
6. Rhodes, K. V., Bisgaier, J., Lawson, C. C., Soglin, D., Krug, S., & Haitsma, M. V. (2013). "Patients Who Cant Get an Appointment Go to the ER": Access to Specialty Care for Publicly Insured Children. *Annals of Emergency Medicine*, 61(4), 394-403. doi:10.1016/j.annemergmed.2012.10.030
1. Results of this study showed that primary care physicians face many barriers to getting Medicaid and CHIP patients into primary care and outpatient specialty clinics, and instead use the ED for this process. The barriers to care were:
 1. Refusal or limitations of the number of patients with Medicaid and CHIP due to economic strain or regulations within their institutions
 2. Specialists in the hospitals were willing to see ED referred patients with Medicaid/CHIP, as this is being used as the new avenue instead of an outpatient office because of the strain put on outpatient care