

**MaineCare Physician Practice
Physician and Office Manager Surveys**

**Prepared for
Office of MaineCare Services
Maine Department of Health and Human Services**

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About the Study

This study was conducted under a cooperative agreement between the Maine Department of Health and Human Services and the Muskie School of Public Service at the University of Southern Maine. The views expressed are those of the authors and do not necessarily represent the views of either the Department or the School. For more information contact Catherine McGuire, Director Health Data Resources, Muskie School of Public Service, 207-780-4034 or cathy@usm.maine.edu

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EXECUTIVE SUMMARY

In 2008, the Maine Department of Health and Human Services, Office of MaineCare Services, contracted with the Muskie School of Public Service to design and complete a survey of Maine physician practices. The survey was administered by mail with telephone follow-up between August 29, 2008 and April 3, 2009. Two hundred forty-five (245) physicians and 364 office managers responded, representing 414 separate practice sites.

The survey obtained information on respondents' experience with MaineCare, perceptions of MaineCare's business practices, attitudes towards potential incentives for MaineCare participation, and satisfaction with MaineCare program elements, such as the Primary Care Physician Incentive Payment (PCPIP) and Primary Care Case Management (PCCM) management fee.

Key survey findings are highlighted below:

MaineCare Participation

Office Manager Responses

- The vast majority of responding office managers (94 percent) work at practices that currently participate in MaineCare. At forty-six percent of these practices, MaineCare patients make up less than a quarter of the entire patient panel. At 38 percent of these practices, MaineCare patients constitute 25 to 49 percent of the entire patient panel.
- Levels of MaineCare participation vary among practices. A little more than half of participating practices (53 percent) accept all MaineCare members regardless of whether patients are new or existing clients. About 17 percent of participating practices care for existing MaineCare patients but do not accept new MaineCare members.
- Sixty percent of office managers believe that their practices' volume of MaineCare patients has increased compared to two years ago, while 32 percent of office managers feel their practices share of MaineCare members has remained the same compared to two years ago. Only eight percent of office managers are under the impression that their practices' volume of MaineCare patients has decreased compared to two years ago.

Perceptions of MaineCare Program

Physician and Office Manager Responses

- Both physicians and office managers perceive MaineCare's greatest strength to be the program's commitment to providing access to healthcare for low-income patients. Fifty-eight percent of responding physicians and 42 percent of responding office managers reported that they felt positive about MaineCare's mission to provide healthcare to low-income persons.

- Among physicians and office managers there is widespread concern and frustration with MaineCare’s reimbursement policies. Eighty-five percent of responding physicians and 71 percent of responding office managers have a negative view of the way in which MaineCare compensates providers for services.
- Physicians and office managers are generally in agreement that MaineCare’s pharmacy prior authorization policies and member attendance at scheduled appointments are negative aspects of the MaineCare program. Sixty-six percent of physicians and 65 percent of office managers viewed MaineCare’s prior authorization for pharmacy policies negatively; while 56 percent of physicians and 54 percent of office managers held a negative view of MaineCare members’ attendance at scheduled appointments.

Attitudes towards Possible Incentives for MaineCare Participation

Physician and Office Manager Responses

- If MaineCare could offer only one new incentive to providers, a reduction in MaineCare administrative requirements might sway the most physicians to accept new MaineCare patients. Nearly sixty percent of physicians reported that an incentive that reduced MaineCare administrative requirements would be very important to them when making future decisions to accept new MaineCare members.
- Fifty-two percent of office managers at primary care practices believe increased incentive payments for high MaineCare patient loads would be “very important” in future practice decisions to accept new MaineCare members, while 44 percent of *all* office managers believe a reduction in MaineCare administrative requirements would be very important to maintain or increase their practices’ participation in MaineCare.

Practice Administration

Office Manager Responses

- Surveyed office managers reported that a number of administrative tasks are more time consuming for MaineCare patients. Sixty-seven percent of office managers cited prior authorization for pharmacy as a requirement that consistently takes more time for MaineCare members, and sixty-two percent of office managers said they typically spend more time addressing payment problems and/or resubmitting claims for patients covered by MaineCare. Few respondents stated that any of the nine administrative tasks listed took *less* time for MaineCare patients.
- Nearly three-quarters of office managers indicated that their MaineCare members miss scheduled appointments more frequently than patients in other health plans. This finding supports the perception that MaineCare patients demand more time and attention from practice staff due to higher rates of noncompliance and poorer attendance at scheduled appointments.

MaineCare Primary Care Physician Incentive Program (PCPIP)

Physician and Office Manager Responses

- For each of these PCPIP quality targets, a small minority of physicians credited the PCPIP with having a moderate to significant influence on their clinical behavior.

About 16 percent of respondents said the PCPIP had a moderate or significant influence on their promotion of appropriate ER use; 25 percent of respondents said the PCPIP had a moderate or significant influence on their practices' accessibility to MaineCare members; and about 30 percent of respondents indicated that the PCPIP had a moderate or significant influence on their utilization of preventive and high quality services.

- The majority of respondents (74 percent of office managers and 62 percent of physicians) were at least somewhat satisfied with the PCPIP program.

Management Fee

Office Manager Responses

- More than half of office managers (57 percent) believe that MaineCare's \$3.50-per-member-per-month Primary Care Case Management (PCCM) management fee is insufficient to pay for each PCCM member in their practice. Respondents mentioned the higher acuity of MaineCare members, as well as higher levels of noncompliance and no-shows, as reasons why the management fee is insufficient to cover the cost of providing services to PCCM members.

Quality Management

Office Manager Responses

- Office managers report that their practices use a variety of quality management strategies to monitor the care they provide to their patients. Nearly 80 percent of office managers said their practices systematically track test results, and about 76 percent of office managers reported that their practices track referrals most of the time. Approximately 69 percent of office managers said their practices routinely use paper and electronic charting tools to organize and share information on clinically important conditions.
- As it currently stands, nearly 58 percent of practices represented by office managers in this study meet at least five of the "must-pass" elements (as defined by the NCQA) and would therefore qualify as basic (Level 1) patient-centered medical homes. Another 9 percent of practices represented by office managers in this study currently meet at least four of the "must-pass" elements and would need to institute one additional medical management technique to qualify as basic patient-centered medical homes.

Overall Satisfaction with MaineCare

Physician and Office Manager Responses

- Seventy-three percent of physicians and 64 percent of office managers reported that their favorite thing about participating in MaineCare is the program's commitment to increasing access to healthcare for low-income populations.
- Fifty-nine percent of physicians and 62 percent of office managers said their biggest concern with participating in MaineCare is the program's inadequate level of reimbursement. A handful of physicians and office managers stated their biggest concern was noncompliant MaineCare patients.
- Fifty-two percent of physicians are not very satisfied with the level of support they receive from MaineCare.
- Physicians and office managers agree that one way MaineCare could better support providers is by streamlining prior authorization requirements for cost-effective prescribers. A large share of office managers also believe MaineCare could better support providers by increasing member education.

INTRODUCTION

In December of 2007, Maine's Commission to Study Primary Care Medical Practice issued a report that examined factors that affect the ability of independent primary care physicians to practice medicine in Maine. While recognizing that solutions to Maine's primary care challenge would not happen overnight, the Commission made recommendations to state government and called for immediate action to address five objectives, including increased MaineCare reimbursement for primary care and streamlined MaineCare administrative requirements for cost effective prescribers.

In Maine, where one out of every five people is covered by the state's Medicaid program¹, low Medicaid reimbursement rates amplify problems of physician retention, recruitment, and patient access to care. In recent years, fewer physicians are accepting MaineCare patients, and private practice physicians with a large volume of Medicaid recipients have reported they can't afford to absorb low Medicaid reimbursement.² In addition, Maine physicians cite MaineCare's administrative requirements, particularly prior authorization and prescription dispensing restrictions, as hindering private primary care practice.³

Issues of physician career satisfaction, reimbursement, recruitment, and retention deserve further attention and understanding, particularly as they affect MaineCare beneficiaries' access to quality services. Relying on self-reported feedback from physicians and practice managers, this study explored the impact of MaineCare business practices on physicians, their practices, and the health care they provide to their patients.

PURPOSE AND SCOPE OF STUDY

In 2008, as part of the MaineCare Cooperative Agreement, the Maine Department of Health and Human Services, Office of MaineCare Services, contracted with the Muskie School of Public Service to design and complete a survey of Maine physician practices. The survey was intended to obtain information about physicians' experience with MaineCare, particularly the effect of MaineCare's business practices on physicians, their practices, and the care they provide to their patients. Questions covered a range of topics, including the impact of MaineCare reimbursement and administrative requirements on program participation and physician's awareness of new medical care initiatives, such as the patient-centered medical home.

¹ Maine Department of Labor, *Healthcare Occupations Report 2006*.

² Lenardson, J, McGuire, C, Alfreds, S, Keith, R. *Understanding Changes to Physician Practice Arrangements in Maine and New Hampshire*, January 2008.

³ State of Maine, *Final Report of the Commission to Study Primary Care Medical Practice*, December 2007.

More specifically, this study sought to:

- Identify factors contributing to decreased physician participation in MaineCare;
- Identify incentives which may increase physician participation in MaineCare in the future;
- Determine how MaineCare administrative requirements compare to similar requirements for other health plans;
- Assess physicians' experience and satisfaction with MaineCare's Primary Care Physician Incentive Payment (PCPIP) and management fee;
- Learn about internal practice-level quality assurance activities;
- Measure physicians' satisfaction with the MaineCare program and its provider supports; and
- Gather recommendations for future program improvements.

The purpose of collecting this information was to help MaineCare better understand the experience of providers and identify ways to reduce administrative burden, attract and retain providers, and better align MaineCare reimbursement rates and methodologies with other state and national policy initiatives.

METHODOLOGY

Sample Selection

This study utilized a multi-stage sampling methodology. Physician licensing data (N=3,769) were obtained from the Office of Data, Research, and Vital Statistics. Hospital-based specialists and all physicians practicing at Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) were excluded from the study and removed from the list of potential survey participants. Muskie School staff reviewed practice address and phone number records to identify individual office sites or locations. For locations with more than one practicing physician, one physician was selected at random. This produced a set of 1,121 separate practice sites, each site having one randomly selected physician. [It was often difficult to determine if all physicians affiliated with a practice were based in the same physical location or at different sites.] From these 1,121 sites, 882 practices sites were randomly selected as survey contacts. In the course of administering the survey, another 84 practice sites were found to be ineligible to participate, leaving a final population size of 1,037 separate practice sites and a final sample size of 798 practices.

Instrument Design

Although the study originally intended to gather feedback from physicians only, it became clear during instrument design that certain questions required a physician's response while others, specifically those related to practice characteristics and administrative workload, could and should be answered by a practice or office manager. Consequently, our team decided to administer two surveys to select office practices in Maine.

- **Physician Survey:** The first instrument was tailored to physicians and included questions concerning perceptions of MaineCare, attitudes towards potential MaineCare incentives, and

thoughts on the impact of MaineCare's Primary Care Physician Incentive Payment (PCPIP) on patient care management.

- **Office Manager Survey:** The second instrument was designed for office managers and included questions related to practice characteristics, practice participation in MaineCare, practice involvement in quality management activities, and perceptions of MaineCare administrative requirements and how these requirements compare to administrative requirements of other insurers.

A goal in administering two surveys was to keep the physician survey as short as possible, thereby cutting down response time and minimizing the burden on this already busy group of professionals. Complete copies of each survey instrument can be found in the Appendix.

Survey Administration

Surveys were mailed to a physician and an office manager at a total of 798 practice sites. Mailings began on August 29, 2008 and ended on November 25, 2008. Up until April 3, 2009, Muskie School survey staff called non-responders and encouraged them to complete and return surveys by mail. Respondents were also given the option of responding over the phone or using a web-based survey module. All mailings, follow-up calls, and on-line efforts were completed on April 3, 2009.

Two-hundred and forty-five (245) physicians and 364 office managers responded to the survey. Respondents represented 414 separate practice sites for a response rate of 51.9 percent. At 50 practice sites *only* a physician responded. At 163 practice sites *only* an office manager responded, and at 195 sites both a physician *and* an office manager responded.

The bulk of participants responded by mail; however, nearly a quarter of responding physicians chose to complete an on-line version of the survey, suggesting that web-based methods may be a viable means of collecting physician feedback in the future.

Surveys returned incomplete were excluded from the study.

To determine whether respondents reflected the total sample, select characteristics were compared between respondents, the total sample, and the full population of practice sites. As evidenced in Table 1, respondent and sample characteristics closely matched those of the full population. For example, within the full population, 82.0 percent of physicians were medical doctors (MDs) compared with 82.2 percent of the sample population and 80.6 percent of the respondent population.

Table 1 - Comparison of Sample and Population Characteristics

Characteristic	Total Locations N=1037	Locations Included in Sample N=798	Location w/One or More Respondents N=402¹
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Type			
MD	82.0%	82.2%	80.6%
DO	18.0%	17.8%	19.4%
Practice Type			
Private/group practice in office setting	77.1%	77.3%	77.6%
Federal (not VA)	3.1%	3.3%	3.2%
Corporate (not hospital)	19.8%	19.4%	19.2%
Specialty Type			
PCP	47.7%	47.6%	45.8%
Family	26.6%	26.6%	27.9%
General	1.5%	1.1%	1.5%
Internal	12.6%	13.3%	13.4%
OB	5.0%	5.1%	3.7%
PED	6.5%	6.3%	7.7%

Note:

1. An additional six (6) office manager and six (6) physician surveys were completed on-line and could not be identified matched to a specific location. These 12 surveys were included in the study but excluded from this table.

One difference between the respondent and sample populations worth noting is that offices currently treating MaineCare patients were significantly more likely to respond to the survey than offices not currently treating MaineCare patients.

Limitations

During the time the survey was developed and administered, MaineCare made two key changes to its reimbursement policies. Effective July 1, 2008, the PCCM program management fee was increased from \$2.50 per-member-per-month to \$3.50 per-member-per-month. In addition, MaineCare increased its reimbursement rates from 53 to 56.94 percent of Medicare rates. This pay hike (effective July 1, 2008) was not implemented until March 1, 2009. Providers were told they would be paid retroactively. Respondents may or may not have been aware of one or both of these changes at the time they answered the survey and reported their opinions on Medicaid reimbursement. Survey responses may or may not have been different had respondents been more aware of MaineCare's reimbursement policy changes.

All findings reflect respondents' self-reported information. When asked to share perceptions of MaineCare, respondents spoke on their own behalf; their views are not necessarily representative of other physicians and office staff employed at their practices.

Analysis

The findings from the surveys make up the remainder of this report. Responses of physicians and office managers are analyzed separately but discussed and presented side-by-side. Unless noted otherwise, responses of “not applicable” or “don’t know” were excluded from the analysis.

FINDINGS

Characteristics of Respondents and Physician Practices

Physician and Office Manager Responses

All 609 respondents were asked to provide basic information about their practices, including their role within the practice, the practice setting, and whether their practice was a primary care site, specialty site, or both. Office managers were asked to provide additional information on practice ownership and the number of physicians practicing at their particular site. A complete breakdown of respondent and practice characteristics is shown in Appendix Table A-1. Key characteristics are highlighted below.

- ***Primary care vs. specialty care:*** Forty-six percent of responding physicians worked at sites providing primary care only, while 45 percent worked at sites providing specialty care. Nine percent of physicians worked at sites delivering both. For office managers, 42 percent of respondents worked at primary care sites, while 49 percent worked at specialty sites. About 9 percent worked at sites delivering both primary and specialty care.

Forty-seven percent of responding physicians identified themselves as specialists, whereas 44 percent identified themselves as primary care providers.

- ***Physicians who manage their own practice:*** A small percentage of respondents (3 percent) who completed the office manager survey reported they were practicing physicians who also manage their own practice.
- ***Practice setting:*** The majority of respondents worked at solo or single specialty group practices. Forty-three percent of physicians and 35 percent of office managers worked at solo practices whereas 27 percent of physicians and 30 percent of office managers worked at single specialty group practices.
- ***Practice ownership:*** Responding office managers were asked who owned their practice. About 40 percent of office managers worked at practices owned by solo practitioners. Another 30 percent worked at practices owned by a hospital or physician hospital organization (PHO). Twenty-two percent were employed by practices owned by a group or partnership of practitioners.
- ***Number of physicians at site:*** The bulk of responding office managers worked at solo or small group practices. Forty-two percent of office managers worked at practice sites where a

single physician practiced, while 39 percent worked at sites with two to five practicing physicians. Nineteen percent of office managers worked at sites with six or more physicians.

- ***Extent of physician experience:*** Most physicians who responded had extensive experience practicing medicine in Maine. About 89 percent of physicians had practiced in Maine for at least six years. Another ten percent had practiced in Maine for two to five years, whereas only one percent of physicians had practiced in Maine for one year or less.

MaineCare Participation

Office Managers

The survey asked all office managers to report their practices' past and current level of participation in the MaineCare program. Recent studies have found that Maine private practice physicians with a large MaineCare volume cannot afford to absorb low Medicaid reimbursement and are increasingly limiting the number of MaineCare patients they accept and care for.⁴ Survey questions attempted to get at practices' current volume of MaineCare and Primary Care Case Management (PCCM) members, as well as practices' changing levels of participation over time and expected participation in the future if MaineCare reimbursement remains the same.

The vast majority of responding office managers (94 percent) work at practices that currently participate in MaineCare.⁵ At forty-six percent of these practices, MaineCare patients make up less than a quarter of the entire patient panel. At 38 percent of these practices, MaineCare patients constitute 25 to 49 percent of the entire patient panel. A much smaller percentage of practices see a larger volume of MaineCare patients. About 12 percent of participating practices have patient panels composed of 50 to 74 percent MaineCare members, while only about 4 percent of practices have patient panels composed of 75 to 100 percent MaineCare members. This information is presented in Appendix Table A-2, along with a breakdown of MaineCare PCCM members at practices that participate in MaineCare.

Practices that participate in MaineCare may decide to set parameters on their participation, limiting involvement to existing MaineCare patients or accepting MaineCare patients only in emergencies or up to a certain percentage of their patient panel. All responding office managers were asked to describe the extent of their practices' current participation in MaineCare. Levels of MaineCare participation varied among practices. A little more than half of participating practices (53 percent) accept all MaineCare members regardless of whether patients are new or existing clients. About 17 percent of participating practices care for existing MaineCare patients but do not accept new MaineCare members, while around 8 percent of participating practices accept MaineCare patients up to a certain percentage of their patient panel. Seven percent of participating practices accept only those MaineCare patients referred by another physician.

Nine percent of participating practices mentioned using some "other" criteria for determining which MaineCare patients are accepted or turned away. A few office managers reported that their practices accept only "new family members", or MaineCare patients whose family

⁴ Lenardson et al, 2008.

⁵ Offices not currently treating MaineCare patients were significantly less likely to respond to the survey than offices treating MaineCare patients.

members are existing patients at the practice. Several other office managers mentioned that their practices only accept MaineCare patients within a specific geographic catchment area. A full breakdown of these results can be found in Table A-2.

Office managers were asked to share their perceptions of any changes in their practices' participation in MaineCare over the past two years. Sixty percent of office managers believed that their practices' volume of MaineCare patients has increased compared to two years ago, while 32 percent of office managers felt their practices' share of MaineCare members has remained the same compared to two years ago. Only eight percent of office managers believed their practices' volume of MaineCare patients has decreased compared to two years ago.

While survey data suggest that the majority of Maine practices are continuing to accept MaineCare members, practice participation in MaineCare may not necessarily continue at this level if MaineCare reimbursement does not continue increasing in the future. All office managers were asked to predict whether their practices' participation in MaineCare is likely to increase, decrease, or remain the same in two years if MaineCare reimbursement continues at its current level. As Table 2 shows, 40 percent of responding office managers expected their practice to see more MaineCare patients in the next two years regardless of whether reimbursement changes. Forty-four percent of office managers predicted their practices' volume of MaineCare patients would remain the same, and about sixteen percent of office managers predicted their practice would see fewer MaineCare patients in the next two years if MaineCare reimbursement remains at its current level.

Table 2 - Perceived Changes in MaineCare Participation over Time

Level of Participation ¹	Office Managers Percent
Compared to two years ago, has the number of MaineCare members in your practice (N=316)	
Increased	60.1%
Decreased	8.2%
Remained the same	31.7%
In the next two years, will the number of MaineCare patients your practice chooses to see (N=313)	
Increase	39.9%
Decrease	16.3%
Remain the same	43.8%

Note:

1. A number of respondents reported that they did not know how or responded that a question was not applicable to their situations. These responses of these respondents were excluded from this analysis.

Perceptions of MaineCare Program

Physician and Office Manager Responses

All physicians and office managers, regardless of their practices' participation in MaineCare, were asked to share their initial opinions on a number of key MaineCare program elements, including MaineCare's benefit package, preferred drug list, provider relations activities, and member attendance at scheduled appointments. Respondents were asked to report whether they viewed each element positively, negatively, or neutrally. Physicians and office managers at primary care practices were asked to share their perceptions of MaineCare's Primary Care Physician Incentive Payment (PCPIP), as well as the Primary Care Case Management (PCCM) program management fee. A complete breakdown of responses can be found in Table A-3 in the Appendix. Below, we highlight the aspects of the MaineCare program which were viewed most positively and most negatively by physicians and office managers.

Both physicians and office managers perceived MaineCare's greatest strength to be the program's commitment to providing access to healthcare for low-income patients. Fifty-eight percent of responding physicians and 42 percent of responding office managers reported that they felt positive about MaineCare's mission to provide healthcare to low-income persons. Other program elements earning comparatively positive ratings among physicians and office managers include MaineCare's Primary Care Physician Incentive Payment (PCPIP) and MaineCare's package of covered benefits for members. The top four positively viewed program elements for each group of respondents are listed below.

Aspects of MaineCare Viewed Most Positively by Physicians:

1. Commitment to providing access to healthcare for low-income patients (58% positive)
2. Primary Care Physician Incentive Payment (PCPIP) (33% positive)
3. Benefit package for members (31% positive)
4. Data reports distributed to practices (26% positive)

Aspects of MaineCare Viewed Most Positively by Office Managers:

1. Commitment to providing access to healthcare for low-income patients (42% positive)
2. Primary Care Physician Incentive Payment (PCPIP) (38% positive)
3. Provider relations (31% positive)
4. Benefit package for members (30% positive)

Among physicians and office managers there is widespread concern and frustration with MaineCare's reimbursement policies. Eighty-five percent of responding physicians and 71 percent of responding office managers reported having a negative view of the way in which MaineCare compensates providers. It is unclear from responses to this question whether respondents were more dissatisfied with rates of MaineCare reimbursement or the timeliness of payment; however, responses to other survey questions suggest both are issues for providers.

Physicians and office managers are generally in agreement that MaineCare’s pharmacy prior authorization policies and member attendance at scheduled appointments are negative aspects of the MaineCare program. Sixty-six percent of physicians and 65 percent of office managers viewed MaineCare’s prior authorization for pharmacy negatively, while 56 percent of physicians and 54 percent of office managers held a negative view of MaineCare members’ attendance at scheduled appointments. The four most unfavorable elements of the MaineCare program for each group of respondents are summarized below.

Aspects of MaineCare Viewed Most Negatively by Physicians:

1. Reimbursement for services (85% negative)
2. Prior authorization for pharmacy (66% negative)
3. Member attendance at scheduled appointments (56% negative)
4. Billing requirements (54% negative)

Aspects of MaineCare Viewed Most Negatively by Office Managers:

1. Reimbursement for services (71% negative)
2. Prior authorization for pharmacy (65% negative)
3. Member attendance at scheduled appointments (54% negative)
4. Member compliance (48% negative)

Attitudes towards Possible Incentives for MaineCare Participation

Physician and Office Manager Responses

The survey provided physicians and office managers with a list of possible incentives MaineCare could provide to physician practices to maintain or increase participation in the MaineCare program. Possible incentives ranged from financial assistance with Electronic Health Records (EHR) to reductions in MaineCare administrative requirements to special incentives targeted at primary care practices, such as increased incentive payments for practices with a high MaineCare patient load. For each incentive, respondents were asked to indicate how important the incentive would be in future decisions to accept new MaineCare patients. Respondents were also given the opportunity to suggest other incentives MaineCare could offer to increase program participation. Key results are highlighted below. A complete list of responses can be found in Table A-4 in the Appendix.

If MaineCare could offer one new incentive to providers, a reduction in MaineCare administrative requirements might sway the most physicians to accept new MaineCare patients. Nearly sixty percent of physicians reported that an incentive that reduced MaineCare administrative requirements would be very important to them when making future decisions to accept new MaineCare members. Other possible incentives that were deemed “very important” by a large share of physicians include an increased management fee for providing Primary Care Case Management (PCCM) services and an increased incentive payment for carrying a high MaineCare patient load. These latter two incentives would be targeted at primary care practices only.

Incentives Physicians Consider Very Important:

1. Reduction in MaineCare administrative requirements (59%)
2. Increased management fee for providing PCCM (55%)**
3. Increased incentive payment for high MaineCare patient load (47%)**
4. Increased reimbursement for meeting the requirements of a patient-centered medical home (46%)**

**Percentage reflects responding *primary care physicians* only.

Office managers, responding on behalf of practice sites, cited many of the same potential incentives as being “very important” in future decisions to maintain or increase participation in MaineCare. Fifty-two percent of office managers at primary care practices believed increased incentive payments for high MaineCare patient loads would be “very important” in future practice decisions to accept new MaineCare members, while 44 percent of *all* office managers felt a reduction in MaineCare administrative requirements would be very important to maintain or increase their practices’ participation in MaineCare. An increased management fee for providing Primary Care Case Management (PCCM) services and increased incentive payments for following evidence-based guidelines were also deemed to be very important incentives by a large share of responding office managers.

Incentives Office Managers Consider Very Important:

1. Increased incentive payment for high MaineCare patient load (52%)**
2. Reduction in MaineCare administrative requirements (44%)
3. Increased management fee for providing PCCM (44%)**
4. Increased incentive payments for following evidence-based guidelines for preventive and quality care (43%)**

**Percentage reflects office managers employed at *primary care practices* only.

A large number of respondents (81 physicians and 103 office managers) noted other incentives, besides those listed, which MaineCare could offer to providers to increase program participation. The vast majority of physicians responding to this question said that higher MaineCare reimbursement would be a powerful incentive for increased program participation, and a handful of physicians also cited more timely payment as an important incentive. Similar to physicians, the majority of responding office managers also cited increased reimbursement and/or more prompt payment of claims as important incentives. A few office managers suggested MaineCare add a disincentive or co-pay for patients who fail to show-up for scheduled appointments.

Practice Administration

Office Manager Responses

The survey asked office managers who currently work in practices participating in MaineCare to comment on MaineCare's administrative requirements, specifically how these requirements compare to similar requirements for other health plans. Respondents were provided with a list of administrative tasks, including paperwork, billing/coding, referrals, and prior authorization for medical services and pharmacy, and were asked to report whether each task took more time, less time, or the same amount of time for MaineCare patients when compared to patients in other health plans.

As evidenced in Table 3, surveyed office managers reported that a number of administrative tasks are more time consuming for MaineCare patients. Sixty-seven percent of office managers cited prior authorization for pharmacy as a requirement that consistently takes more time for MaineCare members, and 62 percent of office managers said they typically spend more time addressing payment problems and/or resubmitting claims for patients covered by MaineCare. Other MaineCare administrative requirements that take more time relative to comparable tasks for other health plans include: paperwork, phone work, and prior authorization for medical services. Fifty-three percent of responding office managers stated that paperwork took more time for MaineCare patients, while 51 percent of office managers indicated that both phone work and prior authorization for medical services were more time consuming for patients covered by MaineCare.

Several administrative requirements seem to take the same amount of time for MaineCare patients as for patients in other health plans. A majority of office managers reported that participation in MaineCare quality initiatives, MaineCare billing and coding, and referrals for MaineCare patients required about the same amount of time for MaineCare members as for patients in other health plans. Few respondents stated that any of the nine administrative tasks listed took less time for MaineCare patients.

Office managers were asked if there were other administrative tasks which typically require *more time* for MaineCare members. A number of office managers responded affirmatively. Office managers noted that MaineCare members are harder to reach on the telephone, less likely to comply with doctors' orders, less likely to be aware of their responsibilities as patients, and more likely to miss scheduled appointments and require either follow-up phone calls, missed appointment letters, and/or rescheduling. From this feedback alone, it is unclear whether MaineCare patients are "needier" in general or if a smaller number of demanding, noncompliant MaineCare patients have tarnished the reputation of more responsible, compliant members.

A handful of respondents noted that MaineCare administrative requirements, particularly billing, can be especially burdensome when MaineCare is secondary to Medicare or a commercial insurer. Other respondents used this open-ended question as an opportunity to reiterate how much of their time is spent complying with MaineCare's policy for prior authorization of pharmacy. One office manager elaborated on the specifics. "The preferred drugs change so often that once a patient is stabilized on a medication MaineCare may change the list, meaning we have to start all over. This can be hazardous to a patient's health."

When asked if there were other administrative tasks which require *less time* for MaineCare members, a much smaller number of office managers responded affirmatively. Eligibility verification was cited as one office task which typically requires less time for MaineCare patients.

Table 3 - How do MaineCare Administrative Requirements Compare to Similar Requirements for Other Health Plans?¹

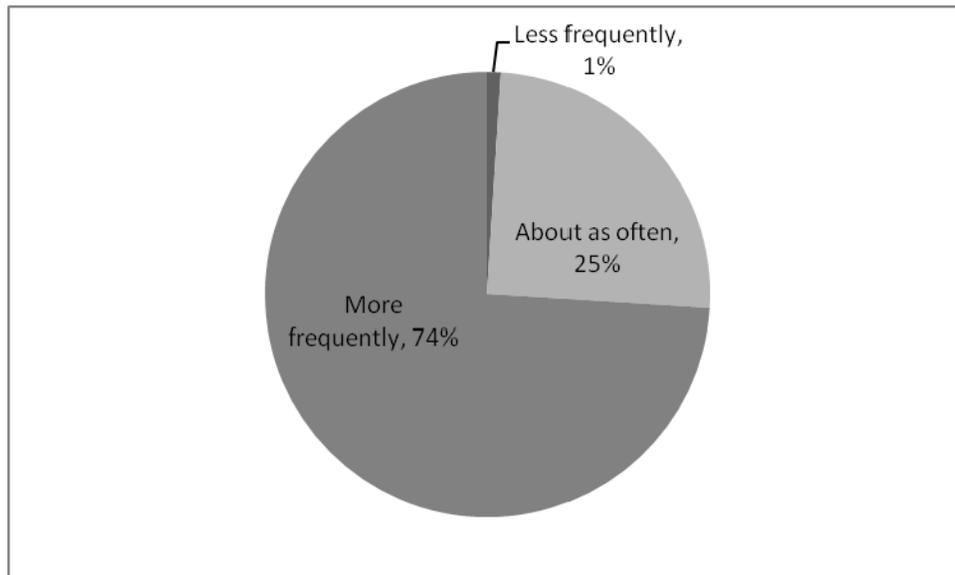
	Time Required Relative to Other Health Plans		
	More Time for MaineCare Patients	Same Amount of Time	Less Time for MaineCare Patients
Paperwork (N=312)	53.2%	43.9%	2.9%
Phone work (N=317)	51.0%	42.3%	6.6%
Verification of patients eligibility or benefit limitations (N=310)	47.1%	41.9%	11.0%
Billing/coding (N=282)	35.1%	60.3%	4.6%
Addressing payment problems/resubmitting claims (N=268)	62.3%	33.2%	4.5%
Referrals (N=283)	37.5%	55.1%	7.4%
Prior authorization for medical services (N=282)	50.7%	43.3%	6.0%
Prior authorization for pharmacy (N=274)	67.2%	29.9%	2.9%
Participation in MaineCare quality initiatives (N=203)	20.2%	74.4%	5.4%

Note:

1. A number of respondents reported that they “did not know” how MaineCare requirements compared to other plans or responded that the question was not applicable. These responses were excluded from this analysis. The exclusion of these responses account for the varying sample sizes for each question.

We asked office managers whose practices participate in MaineCare to report on how often MaineCare members miss scheduled appointments compared to patients in other health plans. Nearly three-quarters of office managers who responded indicated that their MaineCare members miss scheduled appointments more frequently than other patients. Only one percent of respondents said that MaineCare members miss scheduled appointments less frequently than other patients. These results, displayed in Figure 1, seem to support the perception that MaineCare patients demand more time and attention from practice staff due to higher rates of noncompliance and poorer attendance at scheduled appointments.

Figure 1 - How often do MaineCare Members Miss Scheduled Appointments Compared to Patients in Other Health Plans? (N= 311 Office managers)



Performance-Based Payment

Office Manager Responses

Surveyed office managers were asked whether their practice currently participates in one or more performance-based payment arrangements. About 35 percent of office managers indicated their practice is involved in a performance-based payment system. Of these, 73 percent reported that their practice participates in Pathways to Excellence, 38 percent stated their practice participates in MaineCare’s Primary Care Physician Incentive Payment (PCPIP), 28 percent said that their practice is involved with Tiered Networks, and 22 percent said their practice takes part in some kind of practice-based incentive arrangement. Thirty-two percent of office managers whose practice was involved in a performance-based payment arrangement indicated their practice participates in some “other” performance-based payment arrangement, such as a quality initiative run by Anthem or Medicare’s Physician Quality Reporting Initiative (PQRI).

MaineCare Primary Care Physician Incentive Program (PCPIP)

Physician and Office Manager Responses

MaineCare provides a Primary Care Physician Incentive Payment (PCPIP) to eligible providers. The PCPIP rewards physicians who provide high quality care to MaineCare members by increasing access to primary care, reducing inappropriate ER use, and increasing utilization of preventive services. Physicians are scored on HEDIS-based performance measures, and provider sites ranking above the 20th percentile receive incentive payments based on their ranking.

In order for a pay-for-performance program to be clinically meaningful and motivate providers to deliver quality care, providers should have some degree of familiarity with the methods and quality measures used to evaluate their performance and determine their incentive payments. A

lack of understanding of the program or the methodology used for determining rankings and payments may affect providers’ motivation to engage in the program and work towards quality goals.

Respondents working at primary care practice sites eligible for the PCPIP were asked how familiar they were with PCPIP performance measures. As Table 4 shows, the majority of respondents were at least moderately familiar with PCPIP measures. Sixty-nine percent of physicians and 61 percent of office managers said they were somewhat or very familiar with PCPIP performance measures, while about 31 percent of physicians and 39 percent of office managers indicated they were not at all familiar with PCPIP measures.

Respondents who claimed to be somewhat or very familiar with PCPIP measures were asked how well they understood the process for determining PCPIP rankings. Of the 50 physicians who reported being familiar with PCPIP measures, 80 percent said they understood PCPIP rankings somewhat or very well. Of the 65 office managers who indicated being familiar with PCPIP measures, about 65 percent reported that they understood the methodology for determining PCPIP rankings somewhat or very well. Twenty percent of physicians and over a third of office managers said they had no understanding of the process for calculating PCPIP rankings.

Table 4 - Respondents Awareness of PCPIP Performance Measures and Understanding of PCPIP Rankings¹

	Level of Awareness of PCPIP Measures		
	Very Familiar w/PCPIP measures	Somewhat Familiar w/PCPIP Measures	Not at all Familiar w/PCPIP Measures
Physicians (N=78)	19.2%	50.0%	30.8%
Office Managers (N=110)	15.5%	45.5%	39.1%
	How Well Do You Understand PCPIP Rankings?		
	Very Well	Somewhat Well	Not at all
Physicians (N=50)	12.0%	68.0%	20.0%
Office Managers (N=66)	12.1%	53.0%	34.9%

Note:

1. A number of respondents reported that they “did not know” or responded that the question was not applicable. These responses were excluded from this analysis. The exclusion of these responses account for the varying sample sizes for each question.

In order to get a better sense of the PCPIP’s influence on physicians’ clinical management of patients, the survey asked primary care physicians who were eligible for the PCPIP to note the extent to which the PCPIP influences their promotion of appropriate emergency room (ER) use, practice accessibility to MaineCare members, and utilization of preventive and high quality services.

For each of these PCPIP quality targets, a small minority of physicians credited the PCPIP with having a moderate to significant influence on their clinical behavior. About 16 percent of respondents said the PCPIP had a moderate or significant influence on their promotion of appropriate ER use; 25 percent of respondents said the PCPIP had a moderate or significant influence on their practices' accessibility to MaineCare members; and about 30 percent of respondents indicated that the PCPIP had a moderate or significant influence on their utilization of preventive and high quality services. For each quality target the vast majority of respondents (84 percent for ER use, 75 percent for practice accessibility, and 70 percent for utilization of preventive and quality services) noted that the PCPIP had a small influence or no influence on their clinical behavior. These results are displayed in Table 5.

Table 5 - Influence of PCPIP on Physicians' Management of MaineCare Members in Relation to PCPIP Goals¹

	Physician's Assessment of PCPIP Influence on Clinical Behavior			
	Significant Influence	Moderate Influence	Small Influence	No Influence
Appropriate ER use (N=62)	3.2%	12.9%	37.1%	46.8%
Access to practice (N=64)	6.3%	18.8%	23.4%	51.6%
Utilization of preventive and high quality services (N=64)	9.4%	20.3%	28.1%	42.2%

Note:

1. A number of respondents reported that they "did not know" or responded that the question was not applicable. These responses were excluded from this analysis. The exclusion of these responses account for the varying sample sizes for each question.

Physicians and office managers who were familiar with PCPIP measures were asked to indicate whether, within their practice, they use PCPIP performance measures to track MaineCare members. Responses varied between physicians and office managers. Forty-six percent of the physicians responding to this question indicated that their practice tracks MaineCare members *on some but not all* PCPIP measures, while only 26 percent of responding office managers said their practice tracks MaineCare members *on some but not all* PCPIP measures. Sixty percent of office managers and 46 percent of physicians reported that their practice *does not use* PCPIP measures to track MaineCare members. A small number of respondents (15 percent of office managers and 8 percent of physicians) track MaineCare members *on all* PCPIP measures.

All respondents working at primary care practice sites eligible for the PCPIP were asked to report on their satisfaction with the incentive program. The majority of respondents (74 percent of office managers and 62 percent of physicians) were at least somewhat satisfied with the PCPIP program. About a quarter of office managers (26 percent) and a little over a third of physicians (38 percent) were not satisfied with the program and cited the relatively small size of the financial stimulus, outstanding issues with MaineCare reimbursement in general, and/or the difficulty managing MaineCare patient ER utilization as reasons for their disappointment with the program.

Management Fee

Office Manager Responses

The survey asked office managers at practices where primary care is delivered to MaineCare members to comment on the size of the Primary Care Case Management (PCCM) program management fee. Effective July 1, 2008, the PCCM program management fee was increased from \$2.50 per-member-per-month to \$3.50 per-member-per-month. More than half of office managers who responded (57 percent) believed that the \$3.50-per-member-per-month fee is still insufficient to pay for each PCCM member in their practice. Respondents mentioned the higher acuity of MaineCare members, as well as higher levels of noncompliance and no-shows, as reasons why the management fee is insufficient to cover the cost of providing services to PCCM members. Forty-two percent of office managers felt the PCCM management fee was adequate, while only one percent of respondents believed the management fee was more than adequate.

The vast majority (73 percent) of office managers at practices where primary care is delivered to MaineCare members believed the PCCM management fee should be adjusted based on the case mix of a practice's PCCM panel.

Why MaineCare Members Use the Emergency Room

Physician Responses

Physicians who currently see MaineCare patients were asked to select the *main* reason why they believed MaineCare members use the emergency room (ER). Results are displayed in Table 6. Thirty percent of physicians felt that MaineCare members continue to use the ER because they are accustomed to going to the ER for health care. Another 14 percent of physicians felt that MaineCare members go to the ER because physician offices are closed when services are sought out. Nine percent of physicians believed that members go to the ER because they cannot, or do not want to, wait for an appointment with their primary care physician.

Nearly one-third (or 30 percent) of responding physicians wrote in one or more "other" reasons why MaineCare members use the ER. These included: physician offices are closed, members cannot wait, members are used to going to the ER, and members do not have established relationships with primary care providers. A handful of physicians also believed that MaineCare members continue to use the ER because they prefer not to wait and there are no strong disincentives or repercussions for improper use of ER services.

Table 6 - Physician Perceptions of Why MaineCare Members Use the ER¹

Main reason MaineCare members use the ER (N=169)	Percent	Frequency
Physicians office is closed when services are sought out	14%	23
Members cannot wait for appointment	9%	15
Members are unaware of the availability of non-urgent care	8%	13
Members are directed to the ER by health and social services providers	2%	4
Members do not have an established relationship with PCP	8%	14
Members are used to going to ER for health care	30%	50
Other	30%	50

Note:

1. A number of respondents reported that they “did not know” or responded that the question was not applicable. These responses were excluded from this analysis.

Enhanced Care Management

Physician Responses

Primary care physicians were asked several questions concerning their practices’ interest and ability to provide enhanced care management to MaineCare members by (a) partnering with local service providers to form provider networks and offer enhanced care and disease management or (b) by working to have their practices meet the requirements of a patient-centered medical home.

Provider networks: The vast majority of surveyed primary care physicians (81 percent) are already providing some kind of disease management services to MaineCare members either by providing in-house services (43 percent) or partnering with local agencies and service providers to offer disease management to MaineCare members this way (38 percent). Assuming that MaineCare provided appropriate reimbursement, the vast majority of responding primary care physicians (70 percent), would be interested in collaborating with local service entities, such as hospitals, health departments, other primary care practices, and social service agencies, to provide enhanced care and disease management to MaineCare patients. Twenty-four percent of responding physicians didn’t know if they would be interested in partnering with local providers to provide enhanced care management to MaineCare members.

Patient-centered medical home: Physicians were also asked about their awareness and interest in becoming a patient-centered medical home. The American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), the American College of Physicians (ACP), and the American Osteopathic Association (AOA) have defined the patient-centered medical home as a model of care where each patient has an ongoing relationship with a personal physician who leads a team that takes collective responsibility for patient care. The physician-led care team is responsible for providing all the patient’s health care needs and, when needed, arranges for appropriate care with other qualified physicians. A medical home also emphasizes

enhanced care through open scheduling, expanded office hours, and communication between patients, physicians, and staff.⁶

Nearly three-quarters (74 percent) of responding primary care physicians are familiar with the patient-centered medical home model of care defined by the AAFP, AAP, ACP, and AOA. Of all surveyed primary care physicians, 56 percent would be interested in working to have their practices meet the requirements of a patient-centered medical home, assuming MaineCare paid an additional per-member-per-month enhanced case management fee. About 34 percent of primary care physicians didn't know if they'd be interested in working to meet the requirements of a patient-centered medical home with enhanced reimbursement. Eleven percent of PCPs reported they were not interested in this initiative.

Quality Management

Office Manager Responses

Office managers were asked a series of questions about their practices' use of ten medical management techniques in the areas of access and communication, patient tracking, care management, patient self-management support, test tracking, referral tracking, and performance reporting and improvement.

The goals of these questions were (1) to gather information on what quality management strategies practices are using to manage the care provided to their patients and (2) to ascertain the readiness of Maine practices to meet the requirements of a basic patient-centered medical home. The ten management techniques used in the survey make-up the ten must-pass elements (as defined by the NCQA) for practices who wish to be deemed a patient-centered medical home. Practices must pass *at least five* of these "must-pass" elements in order to meet the requirements of a basic (Level 1) patient-centered medical home.⁷

Overall, office managers reported that their practices use a variety of quality management strategies to monitor the care they provide to their patients. Nearly 80 percent of office managers said their practices systematically track test results, and about 76 percent of office managers reported that their practices track referrals most of the time. Approximately 69 percent of office managers said their practices routinely use paper and electronic charting tools to organize and share information on clinically important conditions. A full breakdown of results is shown in Table A-5 in the Appendix. One finding worth noting is that solo practices were less likely to measure and report physician performance when compared with group practices.

As it currently stands, nearly 58 percent of the practices represented by office managers in this study already meet at least five of the "must-pass" elements as defined by the NCQA and would therefore qualify as basic (Level 1) patient-centered medical homes. Another 9 percent of practices represented by office managers in this study currently meet at least four of the "must-pass" elements and would need to institute one additional medical management technique to qualify as basic patient-centered medical homes. These results are shown in Table 7.

⁶ Defined by NCQA. Definition available at: <http://www.ncqa.org/tabid/631.Default.aspx>; accessed 7/31/2009.

⁷ For more information on standards and guidelines for a patient-centered medical home, visit: <http://www.ncqa.org/tabid/631.Default.aspx>

Table 7 – Maine Practice Readiness to Meet Requirements of Basic Patient-Centered Medical Home¹

# of Medical Management Techniques Regularly Used by Practice (N=316 Office Manager) ²	Percent of Office Managers whose Practices Meet Criteria
None used	4.4%
One techniques used “most of the time”	6.3%
Two techniques used “most of the time”	7.9%
Three techniques used “most of the time”	13.9%
Four techniques used “most of the time”	9.5%
Five or more techniques used “most of the time”	57.9%

Note:

1. Practices must pass *at least five* of ten “must-pass” elements in order to meet the requirements of a basic (Level 1) patient-centered medical home. Defined by NCQA. Definition available at: <http://www.ncqa.org/tabid/631.Default.aspx>
2. A number of respondents reported that they “did not know” or responded that the question was not applicable. These responses were excluded from this analysis.

Provider Awareness of MaineCare’s Care Management Benefit

Physician Responses

MaineCare’s Care Management (MCM) Benefit, administered by Schaller Anderson, is a comprehensive care management program that assists a select group of chronically ill MaineCare members in managing their medical conditions. As part of the program, Schaller Anderson is expected to notify physician offices when their members are enrolled in the MCM Benefit and solicit physician input on patient care plans as well as areas care managers should focus on when helping specific patients. At the time of this survey, over 10,000⁸ members were enrolled in MaineCare’s Care Management Benefit.

Primary care physicians were asked how familiar they were with MaineCare’s Care Management Benefit. About half (49 percent) of physicians had never heard of the benefit until now, while 37 percent of physicians had heard about the benefit but did not have personal experience interacting with Schaller Anderson. About 14 percent of physicians had experience interacting with Schaller Anderson regarding a patient, referral, or plan of care. Lower levels of physician awareness of the MCM Benefit may reflect the fact that the benefit is targeted at a small group of seriously ill members and is still relatively new, having been introduced in 2007.

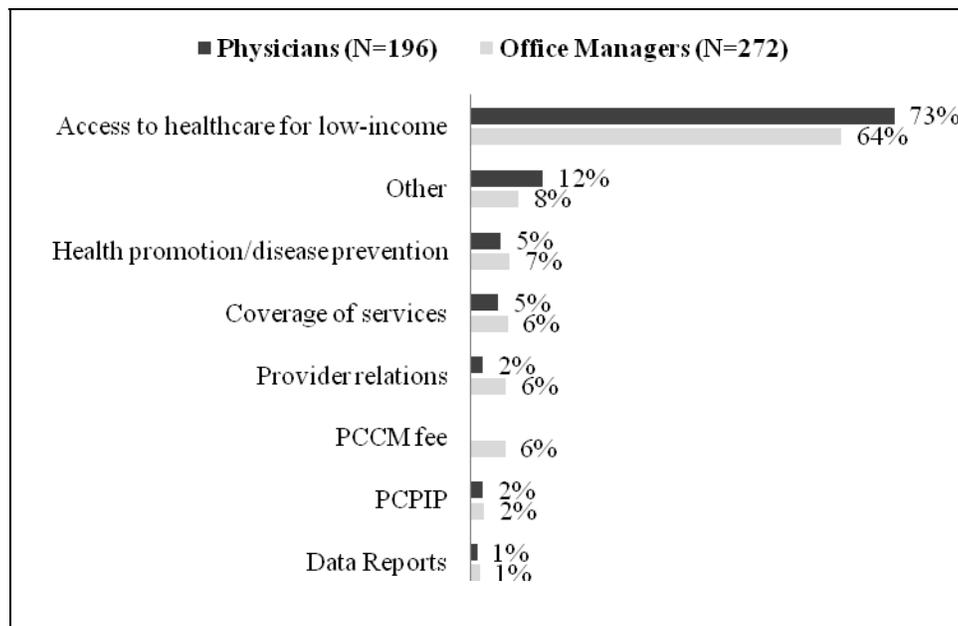
⁸ Governor’s Office of Health Policy and Finance. Maine’s 2008-2009 State Health Plan, April 2008 and Schaller Anderson quarterly report to DHHS for the period ending December, 31, 2008.

Overall Satisfaction with MaineCare
Physician and Office Manager Responses

All respondents were asked a series of questions about their overall satisfaction with MaineCare, including what they liked best about the program and what their biggest concern was. Respondents were also asked about the different supports MaineCare offers to providers and were requested to share feedback on how MaineCare could better support participating practitioners in the future.

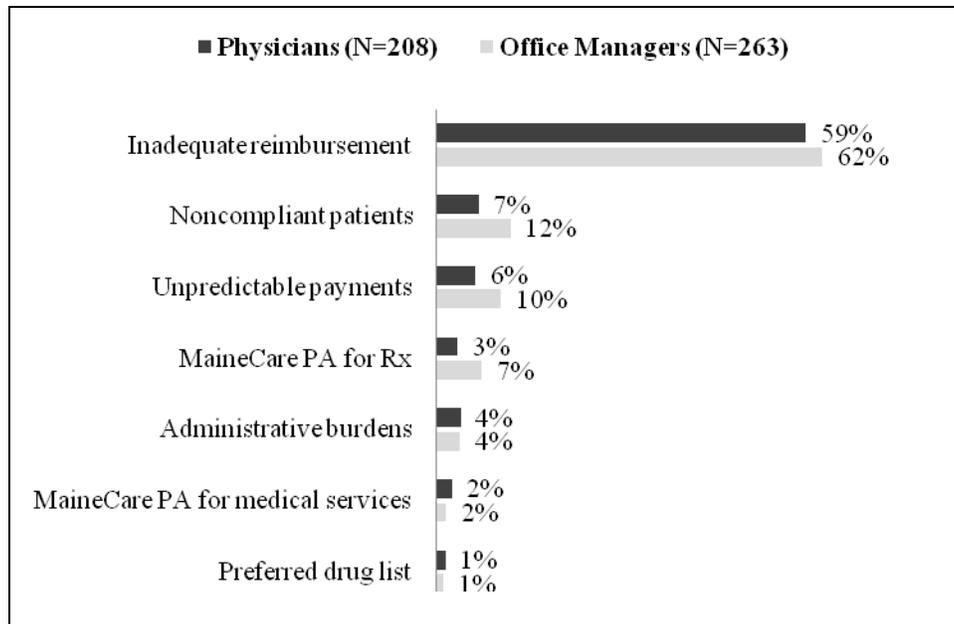
By and large, respondents perceive MaineCare’s greatest strength to be its dedication to providing healthcare services to low-income persons. Seventy-three percent of physicians and 64 percent of office managers reported that their favorite thing about participating in MaineCare is the program’s commitment to increasing access to healthcare for low-income populations. Complete results are shown in Figure 2.

Figure 2 - Best Thing about Participating in MaineCare



Respondents expressed concern with MaineCare reimbursements rates and methodologies. Fifty-nine percent of physicians and 62 percent of office managers said their biggest concern with participating in the MaineCare program is inadequate reimbursement. A handful of physicians and office managers said they were most concerned with noncompliant MaineCare patients, and another handful of respondents noted they were most concerned with MaineCare’s unpredictable payments. These results are displayed in Figure 3.

Figure 3 - Biggest Concern about MaineCare Participation

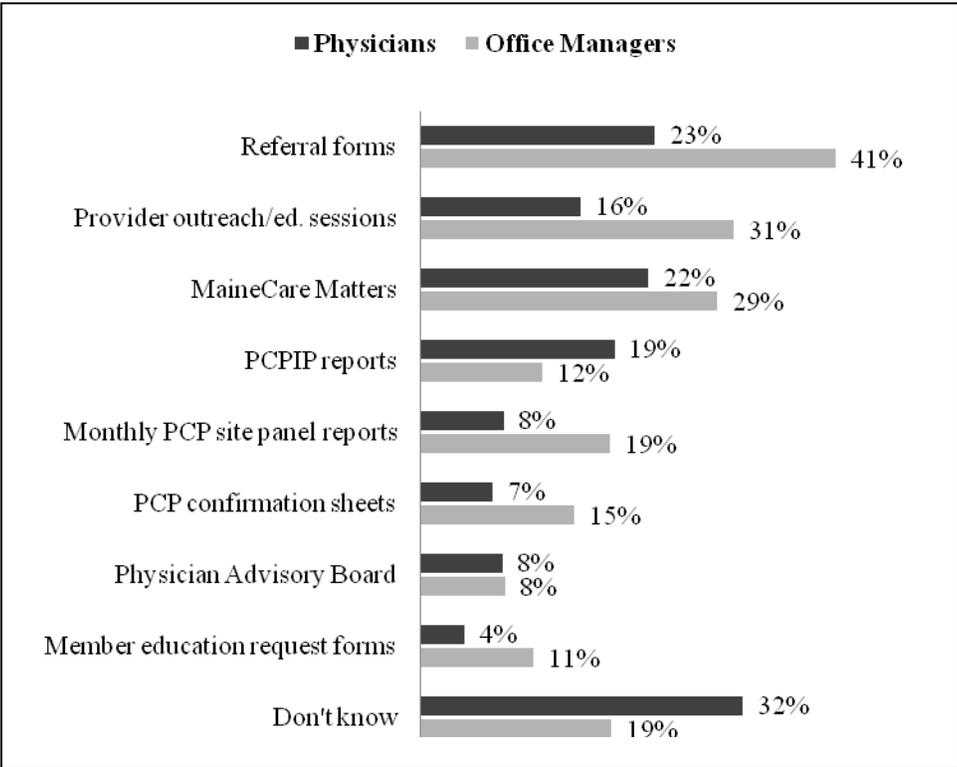


Physicians and office managers reported using a range of MaineCare provider supports. Among physicians, the two most commonly used provider supports were referral forms (used by 23 percent of physicians) and the MaineCare Matters newsletter (used by 22 percent of physicians). Nineteen percent of responding physicians said they used Primary Care Physician Incentive Payment (PCPIP) data reports.

The most commonly used provider supports among office managers included: referral forms (used by 41 percent of office managers), provider outreach/education sessions (used by 31 percent of office managers), and the MaineCare Matters newsletter (read by 29 percent of office managers). Nineteen percent of office managers also said they referred to MaineCare’s monthly primary care provider (PCP) site panel report. Complete results are shown in Figure 4.

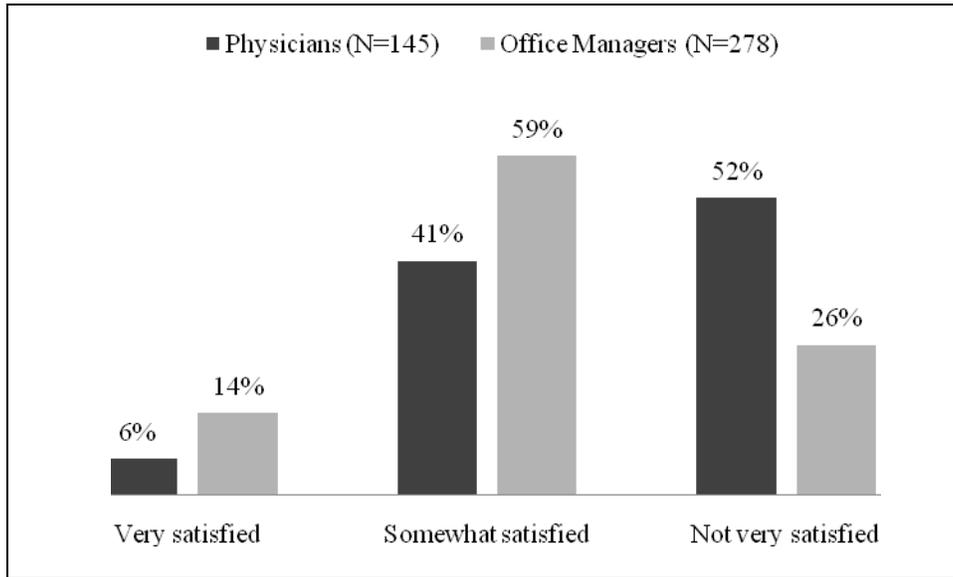
While physicians and office managers are using a range of MaineCare provider supports, it is worth noting that nearly one third (32 percent) of responding physicians did not know which MaineCare provider supports they had used in the past. This finding suggests that physicians may be less aware of the range of MaineCare resources available to them or may need different types of support than the kind MaineCare is already providing.

Figure 4 - Provider Supports Used by Respondents



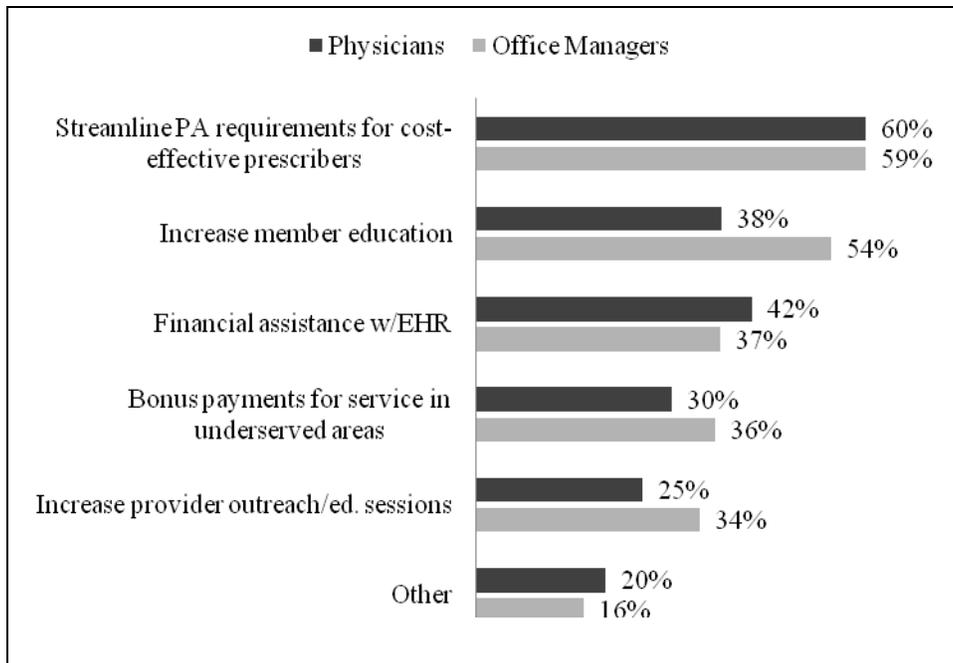
Level of satisfaction with MaineCare provider supports varied according to respondent type. Fifty-two percent of physicians reported that they were not very satisfied with the level of MaineCare provider supports, while 26 percent of office managers reported that they were not very satisfied with the level of MaineCare provider supports. Nearly 73 percent of office managers were at least somewhat satisfied with the supports MaineCare offers to providers.

Figure 5 - Satisfaction with Level of Provider Support Received from MaineCare



Physicians and office managers agree that one way MaineCare could better support providers is by streamlining prior authorization requirements for cost-effective prescribers. Nearly 60 percent of responding physicians and office managers believed that MaineCare could better support providers by simplifying prior authorization requirements for cost-effective prescribers. A large share of office managers (54 percent) also thought MaineCare could better support providers by increasing member education. A full breakdown of results is presented in Figure 6.

Figure 6 - Besides Reimbursement, How Could MaineCare Better Support Providers?



The final survey question asked respondents if there was anything else they wished to add about their experience and satisfaction with MaineCare. Eighty-nine physicians and 82 office managers shared additional feedback. Several themes emerged from these open-ended responses. In general, physicians and office managers shared the same primary concerns.

- ***MaineCare reimbursement is inadequate.*** A large number of respondents reiterated the claim that current levels of MaineCare reimbursement are unsustainable for physician practices, particularly given the marked increase in the cost of delivering care. Several respondents commented that physicians practicing in office-settings should be paid the same amount as physicians employed by hospitals, Rural Health Centers (RHCs), or Federally Qualified Health Centers (FQHC).
- ***MaineCare reimbursement can be unpredictable and unreasonably slow.*** More than several respondents noted that they still have outstanding claims, some dating as far back as two years.
- ***MaineCare patients take more time to manage and miss more appointments than patients in other health plans.*** A number of physicians and office managers expressed the opinion that MaineCare members are generally more needy and demanding than other patients while at the same time more likely to miss scheduled appointments. Higher rates of no-shows and non-compliance among MaineCare members exacerbate providers' frustration with lower than average levels of MaineCare reimbursement and longer waits for compensation.
- ***MaineCare could do more to promote member responsibility.*** Many respondents suggested MaineCare introduce small member co-pays for office and emergency room visits. One office manager wrote that "even a nominal contribution on the part of MaineCare members could encourage patient accountability and more of an engaged attitude towards health care." A number of physicians and office managers believed that some members, particularly younger patients, are abusing the program by routinely missing appointments, seeking unnecessary care in emergency departments, and/or visiting physician offices too frequently. If it's not feasible for MaineCare to require some degree of cost-sharing on the part of members, MaineCare might, as a number of respondents suggested, introduce an incentive for patients who use preventive services responsibly.
- ***MaineCare prior authorization processes are especially burdensome to physicians and office managers.*** A few respondents questioned whether the benefits and cost-savings of prior authorization requirements justify the burden of these practices to MaineCare providers.

CONCLUSION

Both physicians and office managers perceive MaineCare's greatest strength to be the program's longstanding commitment to providing healthcare to low-income patients. Fifty-eight percent of physicians and 42 percent of office managers said they feel positive about MaineCare's mission to provide healthcare to low-income persons, and 73 percent of physicians and 64 percent of office managers report their favorite thing about participating in MaineCare is the program's commitment to increasing access to healthcare for low-income persons.

While earlier studies have indicated that private practice physicians with a large MaineCare volume cannot afford to absorb low Medicaid reimbursement and are increasingly limiting the number of MaineCare patients they accept and care for⁹, the majority of office managers in this study (60 percent) reported that the volume of MaineCare patients seen at their practices has increased in the past two years. Only 8 percent of office managers reported a decrease in their practices' shares of MaineCare patients.

While survey data suggest that the majority of Maine practices are continuing to accept some or all MaineCare members, practice participation in MaineCare may not necessarily continue at this level if MaineCare reimbursement does not increase in the future. All office managers were asked to predict whether their practices' participation in MaineCare is likely to increase, decrease, or remain the same in two years if MaineCare reimbursement continues at its current level. Forty percent of responding office managers expected their practice to see more MaineCare patients in the next two years regardless of whether reimbursement changes. Forty-four percent of office managers predicted their practices' volume of MaineCare patients would remain the same, and about 16 percent of office managers predicted their practice would see fewer MaineCare patients in the next two years if MaineCare reimbursement remains at its current level.

Several survey findings point to areas of concern and suggest the need for intervention.

Reimbursement: Among physicians and office managers there is widespread frustration with MaineCare's reimbursement policies. A large number of respondents noted that current levels of MaineCare reimbursement are unsustainable for physician practices, particularly given the marked increase in the cost of delivering care. Eighty-five percent of physicians and 71 percent of office managers said they have a negative view of the way in which MaineCare compensates providers, and 59 percent of physicians and 62 percent of office managers said their biggest concern with participating in MaineCare is inadequate reimbursement.

In the past year, MaineCare has made key changes to its reimbursement policies, raising the PCCM program management fee from \$2.50 per-member-per-month to \$3.50 per-member-per-month and increasing reimbursement rates from 53 to 56.94 percent of Medicare rates. However, these rate increases may not be enough to offset the costs of providing care to

⁹ Lenardson et al, 2008.

MaineCare members, who are perceived by physicians and office managers as having higher acuity as well as higher rates of non-compliance and no-shows.

Administrative requirements: A number of administrative tasks are more time consuming for MaineCare patients when compared with patients in other health plans. Sixty-seven percent of office managers cited prior authorization for pharmacy as a requirement that consistently takes more time for MaineCare members, and 62 percent of office managers said they typically spend more time addressing payment problems and/or resubmitting claims for patients covered by MaineCare. Other MaineCare administrative requirements that take more time relative to comparable tasks for other health plans include: paperwork, phone work, and prior authorization for medical services.

If MaineCare could offer one new incentive to providers, a reduction in MaineCare administrative requirements might sway the most physicians to accept new MaineCare patients. Nearly sixty percent of physicians and 44 percent of office managers reported that an incentive that reduced MaineCare administrative requirements would be very important to them when making future decisions to accept new MaineCare members. One possible intervention is streamlining prior authorization requirements for cost-effective prescribers. The majority of physicians and office managers agreed that, besides reimbursement, simplifying pharmacy prior authorization for cost-effective prescribers was the best way MaineCare could better support providers.

Member responsibility and compliance: There is a general perception among physicians and office managers that MaineCare patients demand more time and attention due to higher rates of noncompliance and poorer attendance at scheduled appointments. Fifty-six percent of physicians and 53 percent of office managers held a negative view of MaineCare members' attendance at scheduled appointments, and nearly three-quarters of office managers working at practices that serve MaineCare members indicated that their MaineCare patients miss scheduled appointments more frequently than other patients. A handful of physicians and office managers said their biggest concern about participating in MaineCare is MaineCare's non-compliant patients. Higher rates of no-shows and non-compliance among MaineCare members exacerbate providers' frustrations with low MaineCare reimbursement rates.

Many respondents suggested MaineCare introduce small member co-pays for office and emergency room visits to encourage patient accountability. If it's not feasible for MaineCare to require some degree of cost-sharing on the part of members, MaineCare might, as a number of respondents suggested, introduce an incentive for patients who use preventive services responsibly.

APPENDIX A

Additional Tables

Table A-1. Respondent and Practice Characteristics

Characteristic	Physician Responses (N=245) ¹	Office Manager Responses (N=364) ¹
	<u>Percent</u>	<u>Percent</u>
Is office location a primary care site, a specialty site, or both?		
Primary care	46.3%	42.4%
Specialty care	44.7%	48.8%
Both	9.0%	8.8%
Role in the practice:		
PCP	43.9%	--
Specialist	47.1%	--
Office manager/practice administrator	--	84.3%
Other	9.0%	15.7% ²
What is your practice specialty?		
Pediatrics	8.9%	10.1%
OB Gyn	3.1%	4.2%
Family/General	48.2%	38.6%
Specialists	39.7%	47.2%
Practice setting:		
Solo	42.6%	34.6%
Single-Specialty Group	27.3%	30.5%
Multi-Specialty Group	11.2%	10.3%
Hospital or Physician Hospital Organization (PHO)	9.9%	14.1%
Federally Qualified Health Center (FQHC)	3.7%	4.7%
Rural Health Center (RHC)	2.1%	3.9%
Other	3.3%	1.9%
Practice setting is owned by:³		
Solo Practitioner		39.7%
Group or Partnership		22.2%
Hospital or Physician Hospital Organization (PHO)	--	29.4%
Government		0.3%
Federally Qualified Health Center (FQHC)		4.2%
Rural Health Center (RHC)		0.6%
Other		3.6%
Number of physicians practicing at site:³		
1		41.8%
2-5	--	39.0%
6+		19.1%

Notes:

1. A very small number of respondents did not answer each question. Therefore, for each question the sample size may vary from by one or two respondents.
2. About 3% of respondents who completed the office manager survey noted that they were physicians who also manage their own practice.
3. Question was asked only of office managers.

Table A-2. Current MaineCare Participation

Level of Participation ¹	Office Managers
	<u>Percent</u>
Does practice currently participate in MaineCare? (N=360)	
Yes	93.9%
No	6.1%
Percentage of patients covered by MaineCare (N=308)	
Less than 25%	46.4%
25-49%	38.0%
50-74%	12.0%
75-100%	3.6%
Percentage of MaineCare patients enrolled in PCCM program?² (N=108)	
0%	19.4%
Less than 25%	40.7%
25-49%	27.8%
50-74%	6.5%
75-100%	5.6%
Current participation in MaineCare (N=344)	
Accept all MaineCare patients	52.9%
Care for existing MaineCare patients but don't accept new MaineCare patients	16.9%
Accept MaineCare patients up to a certain percentage of patient panel	7.6%
Accept only those patients referred by another physician	6.7%
Accept MaineCare patients for acute but not chronic or elective care	1.2%
Accept MaineCare patients in an emergency only	0.6%
Do not accept MaineCare patients	4.9%
Other	9.3%

Notes:

1. A number of respondents reported that they did not know how or responded that a question was not applicable to their situations. These responses of these respondents were excluded from this analysis.
2. Question was asked only of office managers at primary care practices.

Table A-3. Physician and Office Manager Perceptions of MaineCare Program

	Perception of MaineCare Program Element ¹		
	Positive	Neutral	Negative
Physicians			
Reimbursement for services (n=194)	5.2%	10.3%	84.5%
Primary Care Case Management fee ² (n=79)	21.5%	39.2%	39.2%
Primary Care Physician Incentive Payment (PCPIP) ² (n=80)	32.5%	37.5%	30.0%
MaineCare billing requirements (n=179)	5.6%	40.2%	54.2%
Benefit package for members (n=140)	30.7%	37.1%	32.1%
Preferred drug list (n=208)	14.9%	40.4%	44.7%
MaineCare prior authorization for pharmacy (n=203)	5.9%	28.1%	66.0%
MaineCare prior authorization for medical services (n=194)	10.8%	41.24%	47.9%
Provider relations (n=189)	15.3%	51.3%	33.3%
Regulations (n=195)	4.6%	42.6%	52.8%
Data reports distributed by MaineCare (n=168)	25.6%	57.7%	16.75%
MaineCare member attendance at appointments (n=200)	11.5%	32.5%	56.0%
MaineCare member compliance (n=195)	9.7%	43.1%	47.2%
MaineCare's commitment to providing access to healthcare for low-income persons (n=213)	57.8%	26.8%	15.5%
Office Managers			
Reimbursement for services (n=316)	11.4%	18.0%	70.6%
Primary Care Case Management fee ² (n=115)	27.8%	47.8%	24.4%
Primary Care Physician Incentive Payment (PCPIP) ² (n=111)	37.8%	45.1%	17.1%
MaineCare billing requirements (n=294)	14.6%	39.8%	45.6%
Benefit package for members (n=234)	29.9%	52.1%	18.0%
Preferred drug list (n=277)	11.6%	43.0%	45.5%
MaineCare prior authorization for pharmacy (n=296)	6.1%	29.1%	64.9%
MaineCare prior authorization for medical services (n=308)	13.0%	46.8%	40.3%
Provider relations (n=317)	31.2%	45.4%	23.3%
Regulations (n=301)	8.3%	57.1%	34.6%
Data reports distributed by MaineCare (n=265)	26.8%	60.0%	13.2%
MaineCare member attendance at appointments (n=325)	13.9%	31.7%	54.5%
MaineCare member compliance (n=320)	10.9%	41.3%	47.8%
MaineCare's commitment to providing access to healthcare for low-income persons (n=321)	41.7%	42.4%	15.9%

Notes:

1. A number of respondents did not know how they perceived aspects of MaineCare or responded that a question was not applicable to their situations. These responses of these respondents were excluded from this analysis.
2. Questions were asked only of office managers and physicians at primary care practices.

Table A-4. Physician and Office Manager Attitudes Toward Possible Incentives for MaineCare Participation

How Important Would Incentive be in Decision to Accept New MaineCare Patients?¹			
Physicians	Very Important	Moderately or Somewhat	Not at all Important
Increased incentive payment for high MaineCare patient load ² (n=103)	46.6%	37.9%	15.5%
Increased incentive payment for reductions in ER use among MaineCare members ² (n=101)	39.6%	40.6%	19.8%
Increased incentive payments for following evidence-based guidelines for preventive and quality care ² (n=106)	37.7%	51.0%	11.3%
Increased management fee for providing PCCM ² (n=98)	55.1%	36.7%	8.2%
Increased reimbursement for meeting the requirements of a patient-centered medical home ² (n=92)	45.7%	39.1%	15.2%
Financial assistance with EHR systems (n=175)	44.6%	37.1%	18.3%
Reduction in MaineCare administrative requirements (n=192)	58.9%	37.0%	4.2%
Preferred drug list (n=198)	28.8%	53.5%	17.7%
Additional patient self-care resources (n=190)	33.7%	52.1%	14.2%
Adjunct services to help coordinate MaineCare members' medical & social needs (n=198)	44.4%	45.0%	10.6%
Office Managers	Very Important	Moderately or Somewhat	Not at all Important
Increased incentive payment for high MaineCare patient load ² (n=160)	51.9%	35.0%	13.1%
Increased incentive payment for reductions in ER use among MaineCare members ² (n=157)	40.8%	43.3%	15.9%
Increased incentive payments for following evidence-based guidelines for preventive and quality care ² (n=159)	42.8%	41.5%	15.7%
Increased management fee for providing PCCM ² (n=154)	43.5%	41.6%	14.9%
Increased reimbursement for meeting the requirements of a patient-centered medical home ² (n=137)	35.0%	48.9%	16.1%
Financial assistance with EHR systems (n=286)	37.4%	37.1%	25.5%
Reduction in MaineCare administrative requirements (n=311)	44.1%	47.9%	8.0%
Preferred drug list (n=288)	29.9%	53.5%	16.7%
Additional patient self-care resources (n=297)	25.6%	57.6%	16.8%
Adjunct services to help coordinate MaineCare members' medical & social needs (n=294)	33.3%	51.0%	15.7%

Notes:

1. A number of respondents did not know how they perceived aspects of MaineCare or responded that a question was not applicable to their situations. These responses of these respondents were excluded from this analysis.
2. Questions were asked only of office managers and physicians at primary care practices.

Table A-5. Use of Medical Management Techniques and Strategies

How Often Are These Techniques Used in Your Practice?¹				
Office Managers	Most of the time	Some of the time	Occasionally	Never
Written practice standards for timely communication and access to services (N=276)	57.3%	19.9%	11.6%	11.2%
Use of data to demonstrate standards for patient access and communication are met (N=271)	50.9%	21.4%	13.7%	14.0%
Paper and electronic charting tools to organize and share information on clinically important conditions (N=298)	69.5%	13.1%	10.4%	7.1%
Use of data and/or registries to identify and track important diagnoses and conditions (N=293)	49.8%	22.5%	12.0%	15.7%
Formal practice guidelines pertaining to care of patients with chronic conditions (N=287)	56.5%	20.9%	10.5%	12.2%
Tools to promote and support active patient self-management (N=291)	48.1%	30.2%	12.4%	9.3%
Systematic tracking of test results and identification of abnormal results (N=306)	79.7%	12.4%	3.9%	3.9%
Referral tracking systems, either paper-based or electronic (N=308)	76.3%	8.4%	7.8%	7.5%
Internal measurement of clinical and/or service performance, by physician or across practice GROUP PRACTICES ONLY (N=169)	58.6%	26.0%	7.7%	7.7%
Internal measurement of clinical and/or service performance by physician SOLO PRACTICES ONLY (N=88)	38.6%	17.1%	14.8%	29.6%
Internal reporting of performance, by physician or across the practice GROUP PRACTICES ONLY (N=172)	56.4%	24.4%	11.6%	7.6%
Internal reporting of performance by physician SOLO PRACTICES ONLY (N=85)	36.5%	11.8%	16.5%	35.3%

Note:

1. A number of respondents reported that they “did not know” how often medical management techniques were used in the practice or responded that the question was not applicable. These responses were excluded from this analysis.

APPENDIX B

Survey Instruments

MAINECARE PHYSICIAN PRACTICE PHYSICIAN SURVEY

INTRODUCTION

The University of Southern Maine is conducting a state-wide study of physician practices on behalf of the Office of MaineCare Services. **This study includes both participating and non-participating physicians.** MaineCare wants to learn more about the impact of its business practices on physicians and the health care they provide to their patients. The information gathered in this survey will help MaineCare identify ways to reduce administrative burden and better align reimbursement rates and methods with state and national policy initiatives.

Please answer the questions based on your experiences at the specific site or location at which you practice. Individual responses will be combined with other responses and reported only as group totals. The survey is completely voluntary; your participation will have no impact on your relationship with the State of Maine or the Office of MaineCare Services. You can choose to answer all, some or none of the questions. Individual responses will be kept confidential to the maximum extent permitted by law.

If you have any questions about this survey, please contact Cathy McGuire, Director of Health Data Resources, Muskie School of Public Service, USM, (207) 780-4034 or cathy@usm.maine.edu.

1. Is your office location a primary care site, a specialty site, or both?
(Please check one)

- Primary care site
- Specialty site
- Both

2. What is your role in the practice?
(Please check one)

- PCP
- Specialist
- Other (please specify) _____

3. What is your specialty/sub-specialty? _____

4. What is your practice setting?
(Please check one)

- Solo
- Single-Specialty Group (this can be either primary care or specialists)
- Multi-Specialty Group (this can include both primary care and specialists)
- Hospital or Physician Hospital Organization (PHO)
- Government
- Federally Qualified Health Center (FQHC)
- Rural Health Center (RHC)
- Other (please specify) _____

5. How long have you practiced medicine in Maine?
(Please check one)

- One year or less
- 2-5 years
- 6+ years

MAINECARE PARTICIPATION

6. Please indicate whether you view each of the following aspects of the MaineCare program positively, neutrally or negatively.

	Positively	Neutrally	Negatively	Don't Know	Does Not Apply
a. Reimbursement for services	<input type="checkbox"/>				
b. FOR PRIMARY CARE PRACTICES ONLY: Primary Care Case Management (PCCM) Management Fee	<input type="checkbox"/>				
c. FOR PRIMARY CARE PRACTICES ONLY: Primary Care Physician Incentive Payment (PCPIP)	<input type="checkbox"/>				
d. MaineCare billing requirements, including paperwork and filing of claims	<input type="checkbox"/>				
e. Benefit package (for member)	<input type="checkbox"/>				
f. Preferred drug list	<input type="checkbox"/>				
g. MaineCare prior authorization for pharmacy	<input type="checkbox"/>				
h. MaineCare prior authorization for medical services	<input type="checkbox"/>				
i. Provider relations (WITH MAINECARE)	<input type="checkbox"/>				
j. Regulations	<input type="checkbox"/>				
k. Data reports distributed by MaineCare	<input type="checkbox"/>				
l. MaineCare member attendance at scheduled appointments	<input type="checkbox"/>				
m. MaineCare member compliance	<input type="checkbox"/>				
n. MaineCare's commitment to providing access to healthcare for low-income persons	<input type="checkbox"/>				

7. The following is a list of possible incentives MaineCare could provide to physician practices to maintain or increase participation in the MaineCare program. For each incentive, please indicate how important it would be to you in deciding to accept new MaineCare patients.

	Very Important	Moderately Important	Somewhat Important	Not at all Important	Don't Know	Does Not Apply
a. FOR PRIMARY CARE PRACTICES ONLY: Increased incentive payments for high MaineCare patient load.	<input type="checkbox"/>					
b. FOR PRIMARY CARE PRACTICES ONLY: Increased incentive payments for reductions in emergency department use among MaineCare members	<input type="checkbox"/>					
c. FOR PRIMARY CARE PRACTICES ONLY: Increased incentive payments for following evidence-based guidelines for preventive and quality care	<input type="checkbox"/>					
d. FOR PRIMARY CARE PRACTICES ONLY: Increased management fee for providing Primary Care Case Management	<input type="checkbox"/>					
e. FOR PRIMARY CARE PRACTICES ONLY: Increased reimbursement for meeting the requirements of a patient-centered medical home	<input type="checkbox"/>					
f. Financial assistance with EHR systems (Electronic Health Records)	<input type="checkbox"/>					
g. Reduction in MaineCare administrative requirements	<input type="checkbox"/>					
h. Preferred drug list	<input type="checkbox"/>					
i. Additional patient self-care resources	<input type="checkbox"/>					
j. Adjunct services to help coordinate MaineCare members' medical and social needs	<input type="checkbox"/>					

k. Are there other incentives MaineCare could offer to increase your program participation? (Please specify)

If you do not currently have any MaineCare patients, please check here _____ and go to question 25.

NOTE: Questions 8-13 are for Primary Care practices that receive a Primary Care Incentive Payment (PCPIP).

If you DO NOT receive a PCPIP, please check here _____ and go to question 14.

8. MaineCare provides a Primary Care Physician Incentive Payment (PCPIP) to eligible providers. To what extent are you familiar with the PCPIP performance measures? (Please check one.)

- Very familiar
- Somewhat familiar
- Not at all familiar GO TO QUESTION 11
- Don't know GO TO QUESTION 11

9. Within your practice, do you use PCPIP performance measures to track your MaineCare members? (Please check one.)

- Yes, track *all* measures
- Yes, track *some* measures
- No
- Don't know

10. How well do you feel you understand the process for determining PCPIP rankings? (Please check one.)

- Very well
- Somewhat well
- Not at all
- Don't know

11. Please indicate the extent to which the PCPIP influences your management of your MaineCare members in relation to the following goals: (Please check one answer for each.)

- a. Appropriate ER use:
 - Significant influence
 - Moderate influence
 - Small influence
 - No influence
 - Don't know

- b. Access to your practice:
 - Significant influence
 - Moderate influence
 - Small influence
 - No influence
 - Don't know

- c. Utilization of preventive and high quality services:
- Significant influence
 - Moderate influence
 - Small influence
 - No influence
 - Don't know

12. Overall, how satisfied are you with the MaineCare Primary Care Physician Incentive Payment (PCPIP)?

(Please check one.)

- Very satisfied GO TO QUESTION 14
- Somewhat satisfied GO TO QUESTION 14
- Not very satisfied NEXT
- Don't know GO TO QUESTION 14
- NA GO TO QUESTION 14

13. If not very satisfied, why not? (Please check one.)

- PCPIP is not based on the most current claims and practice data
- PCPIP is not based on measures relevant to our practice
- Unclear on how to improve scores
- Report includes PCPs who have left our practice
- Report includes patients who have left our practice
- Report is not timely
- Other (please specify)_____

14. In your experience, what do you feel is the main reason MaineCare members use the ER?

(Please check one.)

- Physician's office is closed when services are sought out
- Members cannot wait for an appointment
- Members are unaware of the availability of non-urgent care
- Members are directed to the ER by health and/or social service providers
- Members do not have an established relationship with a PCP
- Members are used to going to the ER for health care
- Other (please specify)_____
- Don't know

COORDINATION WITH MAINECARE'S CARE MANAGEMENT BENEFIT

NOTE: Questions 15 – 19 are for Primary Care Physician Practices only. If you are a Specialist, please check here ____ and go to question 20.

15. How familiar are you with MaineCare's Care Management Benefit administered by Schaller Anderson? *MaineCare's Care Management Benefit is a comprehensive care management program for chronically ill MaineCare members.* (Please check one.)

- Have interacted with Schaller Anderson regarding a patient, referral or plan of care
- Have heard about the benefit, but do not have personal experience interacting with Schaller Anderson or any of its systems
- Never heard of the benefit until now
- Don't know

ENHANCED CARE MANAGEMENT

NOTE: Questions 16-19 are for Primary Care Physician Practices only. If you are a Specialist, please check here ____ and go to question 20.

16. Do you currently provide disease management services to chronically ill members of your MaineCare panel, or do you partner with other agencies or hospital-based systems to provide disease management services to chronically ill members of your MaineCare panel? (Please check one.)

- Yes, provide in-house disease management programs
- Yes, partner w/other hospital systems, physician practices and/or service agencies for disease management
- No
- Don't know

17. If MaineCare provided you with appropriate reimbursement, would you be interested in partnering with local service providers (*such as hospitals, health departments, other primary care practices and social service agencies*) to provide enhanced care and disease management to your MaineCare patients, particularly those with chronic illnesses?

- Yes
- No
- Don't know

18. Are you familiar with the Patient-Centered Medical Home Model of Care defined by the American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), the American College of Physicians (ACP) and the American Osteopathic Association (AOA)?

- Yes
- No
- Don't know

19. If MaineCare paid you an additional per member per month enhanced case management fee, would you be interested in working to have your practice meet the requirements of a patient-centered medical home?

- Yes
- No
- Don't know
- NA

OVERALL SATISFACTION WITH MAINECARE

20. What do you like best about participating in MaineCare?
(Please check one.)

- Coverage of services appropriate to national medical standards
- Emphasis on health promotion/disease prevention
- Primary Care Physician Incentive Payment (PCPIP)
- Data reports
- Primary Care Case Management (PCCM) management fee
- Provider relations
- MaineCare helps to increase access to healthcare for low-income population
- Other (please specify)_____
- Don't know

21. What is your biggest concern about your participation in MaineCare?
(Please check one.)

- Inadequate reimbursement
- Unpredictable payments
- Preferred drug list
- Noncompliant patients
- Administrative burdens
- Complex regulations
- MaineCare prior authorization for medical services
- MaineCare prior authorization for pharmacy
- Other (please specify)_____
- Don't know

22. MaineCare offers a number of supports to providers. Which of the following supports have you used?
(Please check all that apply.)

- MaineCare Matters (i.e. physician newsletter)
- PCPIP reports
- Physician Advisory Board
- Referral forms
- Member education request forms
- Monthly PCP site panel reports
- PCP site confirmation sheets
- Provider relations outreach and education sessions
- Other (please specify)_____
- Don't know

23. How satisfied are you with the level of provider support you receive from MaineCare?

- Very satisfied
- Somewhat satisfied
- Not very satisfied
- Don't know
- NA

24. Besides increasing reimbursement, how could MaineCare better support you?
(Please check all that apply.)

- Financial assistance with electronic health records/information systems
- Offer bonus payments for service in underserved areas
- Increase member education
- Streamline MaineCare prior authorization requirements for physicians with a history of cost-effective prescribing
- Increase provider relations outreach and education sessions
- Other (please specify)_____
- Don't know

25. Is there anything else you would like to add about your experience and satisfaction with the MaineCare program?

Thank you very much for taking the time to complete this survey.

Please return the survey by **November 12** to:

Survey Research Center
Muskie School of Public Service
University of Southern Maine
96 Falmouth Street
PO Box 9300
Portland, Maine 04104-9300

MAINECARE PHYSICIAN PRACTICE OFFICE MANAGER SURVEY

The University of Southern Maine is conducting a state-wide survey of physician practices on behalf of the Office of MaineCare Services. **This study includes both participating and non-participating physicians.** MaineCare wants to learn more about the impact of its business practices on physicians and the health care they provide to their patients. The information gathered in this survey will help MaineCare identify ways to reduce administrative burden and better align reimbursement rates and methods with state and national policy initiatives.

Please answer the questions based on your experiences at the specific site or location at which you are located. Individual responses will be combined with other responses and reported only as group totals. The survey is completely voluntary; your participation will have no impact on your relationship with the State of Maine or the Office of MaineCare Services. You can choose to answer all, some or none of the questions. Individual responses will be kept confidential to the maximum extent permitted by law.

If you have any questions about this survey, please contact Cathy McGuire, Director of Health Data Resources, Muskie School of Public Service, USM, (207) 780-4034 or cathy@usm.maine.edu.

1. How many separate sites or locations does your practice have? _____

2. Is your office location a primary care site, a specialty site, or both?
(Please check one)
 - Primary care site
 - Specialty site
 - Both

3. What is your role in the practice? (Please check one)
 - Office Manger/ Practice Administrator
 - Other (please specify) _____

4. What is your practice's specialty/sub-specialty? _____

5. What is your practice setting? (Please check one)
 - Solo
 - Single-Specialty Group (this can be either primary care or specialists)
 - Multi-Specialty Group (this can include both primary care and specialists)
 - Hospital or Physician Hospital Organization (PHO)
 - Government
 - Federally Qualified Health Center (FQHC)
 - Rural Health Center (RHC)
 - Other (please specify) _____

6. Who has ownership of your practice setting? (Please check one.)
 - Solo Practitioner
 - Group or Partnership
 - Hospital or Physician Hospital Organization (PHO)
 - Government
 - Federally Qualified Health Center (FQHC)
 - Rural Health Center (RHC)

Other (please specify) _____

7. How many physicians practice at this location? Please include both full-time and part-time physicians.

- 1 physician
- 2-5 physicians
- 6+ physicians

8. Outside of MaineCare patients, does your practice currently accept all new patients, some new patients, or no new patients? (Please check one)

- All new patients,
- Some new patients
- No new patients
- Don't know

MAINECARE PARTICIPATION

9. Does your practice currently participate in MaineCare (e.g. *Maine Medicaid*)? (Please check one)

- Yes
- No GO TO Q12
- Don't know

10. What percentage of your patients are covered by MaineCare? (Please check one)

- Less than 25%
- 25-49%
- 50-74%
- 75-100%
- Don't know

11. What percentage of your MaineCare patients are enrolled in MaineCare's Primary Care Case Management program? (*MaineCare pays a \$3.50 per member per month management fee for each patient enrolled in its Primary Care Case Management program.*) (Please check one)

- 0%
- Less than 25%
- 25-49%
- 50-74%
- 75-100%
- Don't know

12. Compared to two years ago, has the number of MaineCare members in your practice increased, decreased or remained the same? (Please check one)

- Increased
- Decreased
- Remained the same
- Don't know

13. Which of the following best describes your practice's current participation in the MaineCare program?
(Please check one)

- Accept all MaineCare patients
- Care for existing MaineCare patients, but do not accept new MaineCare patients
- Accept MaineCare patients up to a certain percentage of patient panel
- Accept only those patients referred by another physician
- Accept MaineCare patients for acute but not chronic or elective care
- Accept MaineCare patients in an emergency only
- Do not accept any MaineCare patients
- Other (please specify)_____
- Don't know

MAINECARE PARTICIPATION

14. Please indicate whether you view each of the following aspects of the MaineCare program positively, neutrally or negatively.

	Positively	Neutrally	Negatively	Don't Know	Does Not Apply
o. Reimbursement for services	<input type="checkbox"/>				
p. FOR PRIMARY CARE PRACTICES ONLY: Primary Care Case Management (PCCM) Management Fee	<input type="checkbox"/>				
q. FOR PRIMARY CARE PRACTICES ONLY: Primary Care Physician Incentive Payment (PCPIP)	<input type="checkbox"/>				
r. MaineCare billing requirements, including paperwork and filing of claims	<input type="checkbox"/>				
s. Benefit package (for member)	<input type="checkbox"/>				
t. Preferred drug list	<input type="checkbox"/>				
u. MaineCare prior authorization for pharmacy	<input type="checkbox"/>				
v. MaineCare prior authorization for medical services	<input type="checkbox"/>				
w. Provider relations (WITH MAINECARE)	<input type="checkbox"/>				
x. Regulations	<input type="checkbox"/>				
y. Data reports distributed by MaineCare	<input type="checkbox"/>				
z. MaineCare member attendance at scheduled appointments	<input type="checkbox"/>				
aa. MaineCare member compliance	<input type="checkbox"/>				
bb. MaineCare's commitment to providing access to healthcare for low income persons	<input type="checkbox"/>				

15. In the next two years, will the number of MaineCare patients your practice chooses to see likely increase, decrease or remain the same? (Please check one.)

- Increase -- For what reason?
- Decrease -- For what reason?
- Remain the same
- Don't know

16. The following is a list of possible incentives MaineCare could provide to physician practices to maintain or increase participation in the MaineCare program. For each incentive, please indicate how important it would be in deciding to accept new MaineCare patients.

	Very Important	Moderately Important	Somewhat Important	Not at all Important	Don't Know	Does Not Apply
i. FOR PRIMARY CARE PRACTICES ONLY: Increased incentive payments for high MaineCare patient load.	<input type="checkbox"/>					
j. FOR PRIMARY CARE PRACTICES ONLY: Increased incentive payments for reductions in emergency department use among MaineCare members	<input type="checkbox"/>					
k. FOR PRIMARY CARE PRACTICES ONLY: Increased incentive payments for following evidence-based guidelines for preventive and quality care	<input type="checkbox"/>					
l. FOR PRIMARY CARE PRACTICES ONLY: Increased management fee for providing Primary Care Case Management	<input type="checkbox"/>					
m. FOR PRIMARY CARE PRACTICES ONLY: Increased reimbursement for meeting the requirements of a patient-centered medical home	<input type="checkbox"/>					

	Very Important	Moderately Important	Somewhat Important	Not at all Important	Don't Know	Does Not Apply
n. Financial assistance with EHR systems (Electronic Health Records)	<input type="checkbox"/>					
o. Reduction in MaineCare administrative requirements	<input type="checkbox"/>					
p. Preferred drug list	<input type="checkbox"/>					
q. Additional patient self-care resources	<input type="checkbox"/>					
r. Adjunct services to help coordinate MaineCare members' medical and social needs.	<input type="checkbox"/>					

k. Are there other incentives MaineCare could offer to increase your program participation? *(Please specify)*

NOTE: questions 17 & 18 are for practices currently participating in MaineCare. If you do not currently participate in MaineCare, please check here ___ and go to question 19.

PRACTICE ADMINISTRATION

17. The next questions ask about practice administration, specifically how MaineCare administrative requirements compare to similar requirements for other health plans. For each of the following administrative tasks, please indicate how much time your practice spends for MaineCare members compared to patients in other health plans.

	More time for MaineCare patients	Less time for MaineCare patients	Same amount of time	Don't Know	Does Not Apply
b. Paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Phone work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Verification of patients eligibility or benefit limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Billing/coding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Addressing payment problems/resubmitting claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. MaineCare prior authorization for medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. MaineCare prior authorization for pharmacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Participation in MaineCare quality initiatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

j. What other administrative tasks typically require *more time* with MaineCare members?

k. What other administrative tasks typically require *less time* with MaineCare members?

18. Compared to patients in other health plans, do your MaineCare members miss scheduled appointments more frequently, less frequently, or about as often as other patients? (Please check one.)

- More frequently,
- Less frequently
- About as often
- Don't know
- Not applicable

PERFORMANCE-BASED PAYMENT

The next questions ask about participation in performance-based payment arrangements.

[A performance-based payment arrangement may be internal or external to your medical practice and may be based on productivity measures, the results of patient satisfaction surveys, quality of care measures, or the profile of your practice.]

19. Does your practice currently participate in any performance-based payment arrangement? (Please check one.)

- Yes
- No SKIP TO QUESTION 21
- Don't know SKIP TO QUESTION 21
- N/A SKIP TO QUESTION 21

If Yes to Q.19:

20. Please choose the performance-based payment arrangement(s) in which you participate (Please check all that apply.)

- Practice-based incentive arrangement
- Pathways to Excellence (PTE)
- Tiered networks (e.g. Aetna, Cigna)
- MaineCare PCPIP
- Other (please specify)_____
- Don't know

NOTE: Questions 21-25 are for Primary Care practices that receive a Primary Care Incentive Payment (PCPIP).

If you DO NOT receive a PCPIP, please check here ____ and go to question 26.

PRIMARY CARE PHYSICIAN INCENTIVE PAYMENT (PCPIP)

21. MaineCare provides a Primary Care Physician Incentive Payment (PCPIP) to eligible providers. To what extent are you familiar with the PCPIP performance measures? (Please check one.)

- Very familiar
- Somewhat familiar
- Not at all familiar SKIP TO QUESTION 26
- Don't know SKIP TO QUESTION 26

22. Within your practice, do you use PCPIP performance measures to track your MaineCare members? (Please check one.)

- Yes, track *all* measures
- Yes, track *some* measures
- No
- Don't know

23. How well do you feel you understand the process for determining PCPIP rankings? (Please check one.)

- Very well
- Somewhat well
- Not at all
- Don't know

24. Overall, how satisfied are you with the MaineCare Primary Care Physician Incentive Payment (PCPIP)?

(Please check one.)

- Very satisfied SKIP TO QUESTION 26
- Somewhat satisfied SKIP TO QUESTION 26
- Not very satisfied NEXT
- Don't know SKIP TO QUESTION 26
- NA SKIP TO QUESTION 26

25. If not very satisfied, why not? (Please check one.)

- PCPIP is not based on the most current claims and practice data
- PCPIP is not based on measures relevant to our practice
- Unclear on how to improve scores
- Report includes PCPs who have left our practice
- Report includes patients who have left our practice
- Report is not timely
- Other (please specify)_____

NOTE: Questions 26 – 28 are for primary care practices that receive a monthly management fee for each Primary Care Case Management member in their practice. If you work for a specialist practice or if your practice does not currently participate in MaineCare, please check here _____ and go to question 29.

MANAGEMENT FEE

Every month MaineCare pays you a management fee of \$3.50 for each Primary Care Case Management member in your practice that month.

26. How adequate is the monthly management fee? (Please check one.)

- More than adequate SKIP TO QUESTION 28
- Adequate SKIP TO QUESTION 28
- Insufficient NEXT
- Don't know SKIP TO QUESTION 28

27. If insufficient, please explain why:

28. Do you think the management fee should be adjusted based on the case mix (or severity level) of your MaineCare Primary Care Case Management panel? (Please check one.)

- Yes
- No
- Don't know

NOTE: The next section is for ALL respondents.

QUALITY MANAGEMENT

29. The following questions ask you to report on your practice's use of various medical management techniques or strategies that are sometimes used by physicians to manage the care provided to their patients. For each of these items, please check the box that indicates how often it is used in your practice.

	Most of the time	Some of the time	Occasionally	Never	Don't Know	Does Not Apply
a. Written practice standards for timely communication and access to services.	<input type="checkbox"/>					
b. Use of data to demonstrate that standards for patient access and communication are met	<input type="checkbox"/>					
c. Paper and electronic charting tools to organize and share information on clinically important conditions	<input type="checkbox"/>					
d. Use of data and/or registries to identify and track important diagnoses and conditions in practice	<input type="checkbox"/>					

	Most of the time	Some of the time	Occasionally	Never	Don't Know	Does Not Apply
e. Formal practice guidelines pertaining to the care of patients with chronic conditions	<input type="checkbox"/>					
f. Tools to promote and support active patient self-management	<input type="checkbox"/>					
g. Systematic tracking of test results and identification of abnormal results	<input type="checkbox"/>					
h. Referral tracking systems, either paper-based or electronic	<input type="checkbox"/>					
i. IF GROUP PRACTICE: Internal measurement of clinical and/or service performance, by physician or across the practice. IF SOLO PRACTICE: Internal measurement of clinical and/or service performance.	<input type="checkbox"/>					
j. IF GROUP PRACTICE: Internal reporting of performance, by physician or across the practice IF SOLO PRACTICE: Internal reporting of performance.	<input type="checkbox"/>					

NOTE: If your practice does NOT currently participate in MaineCare, please go to question 35.

OVERALL SATISFACTION WITH MAINECARE

30. What do you like best about participating in MaineCare?

(Please check one.)

- Coverage of services appropriate to national medical standards
- Emphasis on health promotion/disease prevention
- Primary Care Physician Incentive Payment (PCPIP)
- Data reports
- Primary Care Case Management (PCCM) management fee
- Provider relations
- MaineCare helps to increase access to healthcare for low-income population
- Other (please specify) _____
- Don't know

31. What is your biggest concern about your participation in MaineCare?

(Please check one.)

- Inadequate reimbursement
- Unpredictable payments
- Preferred drug list
- Noncompliant patients
- Administrative burdens
- Complex regulations
- MaineCare prior authorization for medical services
- MaineCare prior authorization for pharmacy
- Other (please specify)_____
- Don't know

32. MaineCare offers a number of supports to providers. Which of the following supports has your office used?

(Please check all that apply.)

- MaineCare Matters (i.e. physician newsletter)
- PCPIP reports
- Physician Advisory Board
- Referral forms
- Member education request forms
- Monthly PCP site panel reports
- PCP site confirmation sheets
- Provider relations outreach and education sessions
- Other (please specify) _____
- Don't know

33. How satisfied are you with the level of provider support you receive from MaineCare?

(Please check one.)

- Very satisfied
- Somewhat satisfied
- Not very satisfied
- Don't know
- NA

34. Besides increasing reimbursement, how could MaineCare better support you?

(Please check all that apply.)

- Financial assistance with electronic health records/information systems
- Offer bonus payments for service in underserved areas
- Increase member education
- Streamline MaineCare prior authorization requirements for physicians with a history of cost-effective prescribing
- Increase provider relations outreach and education sessions
- Other (please specify) _____
- Don't know

35. Is there anything else you would like to add about your experience and satisfaction with the MaineCare program?

Thank you very much for taking the time to complete this survey.

Please return the survey by **November 17** to:

Survey Research Center
Muskie School of Public Service
University of Southern Maine
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PO Box 9300
Portland, Maine 04104-9300