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State Differences in the Application of Medical Frailty under the Affordable Care Act

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State Differences in the Application of Medical Frailty under the Affordable Care Act

RESEARCH OBJECTIVES

The ACA expanded Medicaid to include childless adults earning below 138% of the poverty level, allowing states' expansion of coverage to be different from state plan Medicaid. This study examines how states undergoing Medicaid expansion differ in their treatment of the "medically frail" population. The medically frail are individuals who may need the extra benefits offered by traditional Medicaid.

Medical Frailty Definition:

CMS defines medical frailty as involving individuals who encompass having:

- Disabling mental disorders
- Chronic substance abuse disorders
- Serious and complex medical conditions
- Physical, intellectual, or developmental disability that impairs one or more activities of daily living
- Disability determination by Social Security criteria or state plan criteria

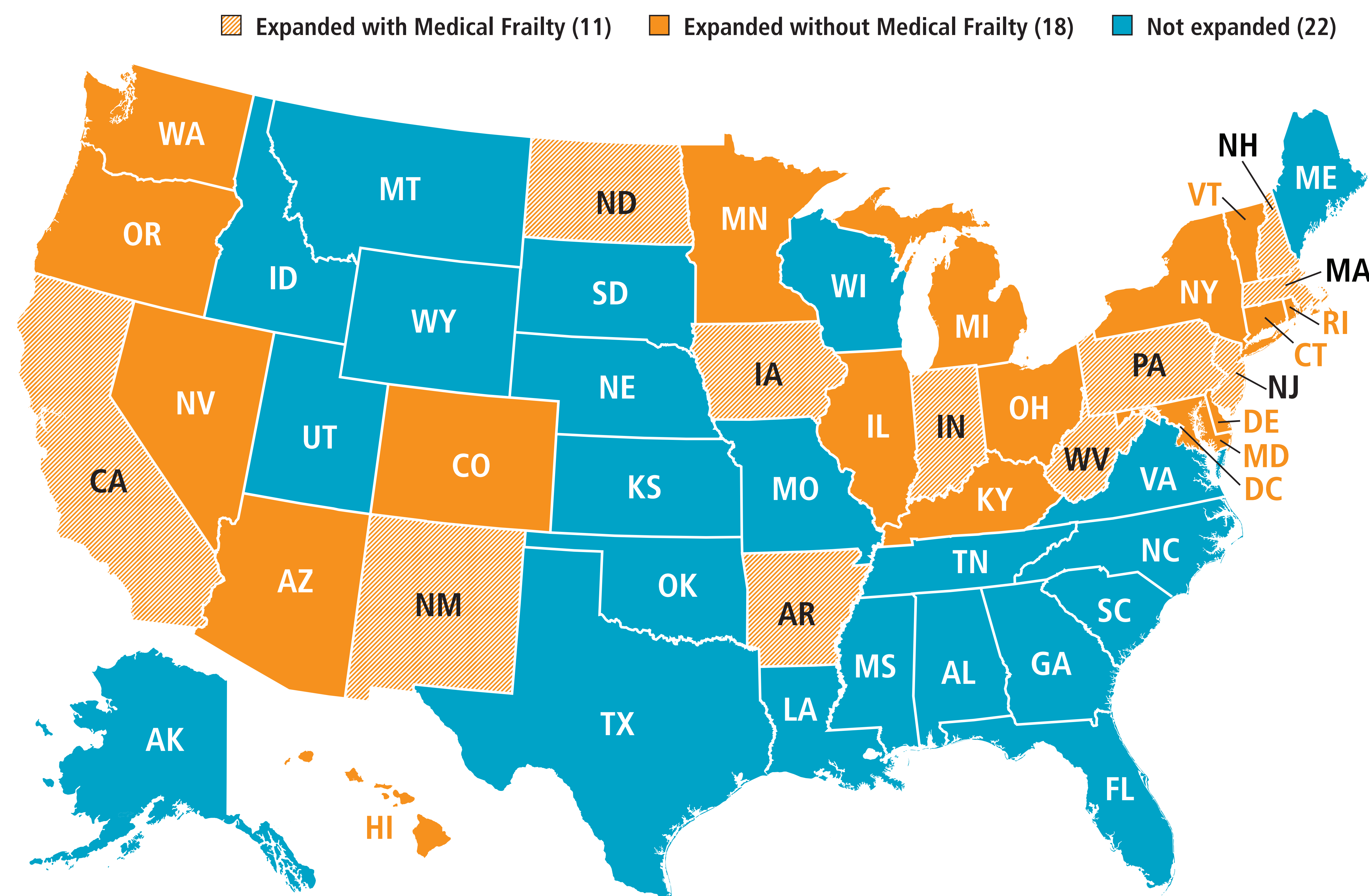
CMS does not determine how to define such categories as disabling mental disorders, chronic substance abuse disorders, and serious and complex medical conditions, and leaves it up to the states to determine the definition of these criteria.

The issue of medical frailty is salient in states that have Medicaid expansion, but do not provide traditional Medicaid to individuals in the expansion group. Individuals who considered medically frail are exempt from enrolling in alternative benefit plans. The Centers for Medicare and Medicare Services (CMS) has provided guidelines for medical frailty, but has not directed states on the specific methods used to determine if an individual meets criteria for medical frailty.

STUDY DESIGN

- Medicaid expansion states were identified (28 states and D.C.)
- Our review found 11 states which have Medicaid expansion and offer an alternative benefit plan which has lower benefits or higher costs than standard Medicaid
- These states are required by CMS rules to provide medically frail individuals the option to apply for standard Medicaid if they have special medical needs
- We examined state plan amendments, waiver materials submitted to CMS, and primary documents from states including client informational materials and policy documents in order to understand the methodology used to assess frailty in each state

Status of State Medicaid Expansion in May 2015



PRINCIPLE FINDINGS

There are substantial differences in how the 11 states assess medical frailty. Four primary methods of assessment were derived: self-report, data review, administrative and clinical (See table below). Note that several states use more than one method to determine medical frailty.

- **Self-Report:** Nine states (AR, IA, IN, MA, ND, NH, NM, PA, WV)
- **Data Review:** Three states (AR, IA, PA)
- **Administrative Review:** Five states (CA, IA, ND, NJ, PA)
- **Clinical Review:** Five states (IA, IN, ND, NJ, NM)

Methods of Assessing Medical Frailty in ACA Expansion States

State	Self-Report	Data Review	Administrative Review	Clinical Review
Arkansas	Online screening for conditions/service use predictive of exceptional needs in coming year	Claims monitoring to identify those no longer medically frail		
California			Criteria for Medicaid Long Term Services and Supports are equivalent to 'medical frailty'— no separate assessment	
Iowa	If receives Social Security Disability Insurance or asserts Activities of Daily Life limitations, individual completes "Medically Exempt Member Survey"	Survey score determines assignment to state plan Medicaid or Alternative Benefit Plan	Department of Human Services employees, mental health regional designees, or Iowa Department of Corrections employees may complete survey	Providers with current National Provider Identifier number may complete survey
Indiana	Application screens for qualifying conditions/medical frailty indicators			Managed Care Entity (MCE) verifies medically frail status using claims, lab results etc., after enrollment. MCE also verifies annually after frailty established.
Massachusetts	Self-identification as having Special Health Care Needs (facilitated by informational materials)			
New Hampshire	Self-identification as having ADL limitations or reside in medical facility or nursing home			
New Jersey			Review of eligibility criteria, and hotline assistance by Medical Assistance Customer Center staff	"Medically Exempt Attestation" form completed by providers
New Mexico	Self-identification facilitated by Managed Care Organization (MCO) counseling		Review of eligibility criteria	MCOs complete health risk assessment (in 30 days)
North Dakota	Medically frail questionnaire		Medical professional review of responses	Client must be examined and submits report by physician
Pennsylvania	Self-administered questionnaire identifies medical and behavioral health needs	Questionnaire responses and claims data analyzed to determine assignment to coverage plan		
West Virginia	Self-identification facilitated by informational materials			

(Information current as of February 2015)

CONCLUSIONS

The results provide needed information to policymakers that are interested in improving access among vulnerable populations in the 23 states that have not yet implemented Medicaid expansion, but may do so in the future. While regulations provide categories that qualify for medical frailty, each state is free to use their own method of determining who meets the definition. There is a need for ongoing study to determine whether state differences in how medical frailty is addressed are associated with differences in access by persons with high medical need.