

A Retrospective Investigation into Primary Care Seeking Behavior in Mississippi among Newly Insured Affordable Care Act Exchange Enrollees with a Single National Payer

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Background

The proportion of uninsured persons in Mississippi has historically trended above the national average.¹ This presents challenges for the provision of recommended preventive and curative care to people in a state that leads the nation in disease burden.² In 2014, newly introduced Affordable Care Act (ACA) compliant insurance plans provided through the exchange platforms aimed to reduce financial and access barriers to health care services. Humana, Inc. entered the exchange in Mississippi where, in several counties, it was the only insurer. Mississippi residents who enrolled in the ACA plans were offered an initial non-preventive primary care provider (PCP) visit with no out-of-pocket cost in an effort to further reduce barriers to health care. The offer was retroactively redeemable from a person’s first day of coverage until August 31, 2014.

Excerpt from Letter to Providers:

“To help our new members in Mississippi who purchased an On-Exchange Humana PPO product get off to a great start, we are encouraging them to set up one free visit with their Humana-participating primary care physician (PCP) or local health center. As a PCP, we want you to be aware that these members may be contacting you to schedule their free visit. Humana will pay for the office visit at 100 percent, as long as the date of service on the claim is on or before June 30, 2014 [subsequently extended to August 31, 2014], subject to the notes below.

Please note:

- Office visits are covered, as long as services are provided by a Humana PCP and meet the criteria below. This offer does not cover specialist visits. Visits to an emergency room or urgent care center are not covered by this offer.
- Our offer does not cover diagnostic tests unless they are preventive.
- The first preventive exam (including immunizations) is always a covered benefit. A preventive exam does not have to take place before June 30 in order to be covered.”

Objective

To provide an initial assessment of primary care seeking behaviors of persons enrolling in ACA exchange plans in Mississippi relative to persons with similar characteristics in nearby Georgia and Tennessee.

Methods

Study Design: Retrospective, observational cohort study

Data Source: Pharmacy and medical claims, and enrollment data, from the Humana Research Database, which is derived from approximately 17.1 million members nationwide across commercial, Medicare Advantage and prescription drug plans.

Inclusion and Exclusion Criteria:

- Mississippi residents who used the Mississippi exchange to enroll in a Humana ACA medical plan between January 1 and June 30, 2014 were included and could receive a free PCP visit during this time frame.
- Individuals with insurance coverage in 2013 were excluded.
- Residents from Georgia and Tennessee who were enrolled in similar ACA plans but paid a copay for PCP visits were used as a comparison group due to similarities in underlying demographic distributions.

Outcomes and Statistical Analyses:

- Multiple linear and logistic regressions models weighted by length of enrollment in days were used to assess for the following 4 outcomes
 - Adjusted number of days from enrollment to first PCP visit
 - Adjusted odds ratio (aOR) of a PCP visit for any reason
 - Adjusted odds ratio (aOR) of an emergent emergency room (ER) visit
 - Adjusted odds ratio (aOR) of a non-emergent ER visit
- Analyses were adjusted for factors including age, sex, rural-urban commuting area (RUCA), plan coverage, and month of first enrollment. Referent characteristics were: female, aged 45-54, urban, in a Silver plan, enrolling in May.

Results

Table 1. Characteristics of Exchange Plan Enrollees

MS members were more likely to live in a rural environment, enroll in a Silver plan and enroll for insurance in May versus January.

Measure	Mississippi	Georgia	Tennessee	P value
N	40,483	239,149	9,505	
Age in years, mean (SD)	41.3 (14.7)	40.1 (14.7)	41.4 (15.1)	F test <i>P</i> <0.0001
Gender, n (%)				
Male	16,975 (41.9%)	104,365 (43.6%)	4,191 (44.1%)	χ^2 <i>P</i> <0.0001
Female	23,508 (58.1%)	134,784 (56.4%)	5,314 (55.9%)	
Rural-urban commuting area, n (%)				
Urban core	20,313 (50.2%)	209,423 (87.6%)	7,168 (75.4%)	χ^2 <i>P</i> <0.0001
Suburban	7,873 (19.5%)	23,030 (9.6%)	1,610 (16.9%)	
Large rural town	8,379 (20.7%)	3,850 (1.6%)	0,519 (5.5%)	
Small town/isolated rural	3,918 (9.7%)	2,846 (1.2%)	0,208 (2.2%)	
Plan coverage, n (%)				
Catastrophic	515 (1.3%)	6,199 (2.6%)	1,077 (11.3%)	χ^2 <i>P</i> <0.0001
Bronze	2,077 (5.1%)	17,152 (7.2%)	175 (1.8%)	
Silver	31,193 (77.1%)	171,833 (71.9%)	6,356 (66.9%)	
Gold	2,175 (5.4%)	15,024 (6.3%)	1,544 (16.3%)	
Platinum	4,523 (11.2%)	28,941 (12.1%)	353 (3.7%)	
Month of 1 st enrollment, n (%)				
January	3,784 (9.4%)	32,692 (13.7%)	1,825 (19.2%)	χ^2 <i>P</i> <0.0001
February	3,784 (9.4%)	20,614 (8.6%)	1,010 (10.6%)	
March	5,817 (14.4%)	28,291 (11.8%)	1,215 (12.8%)	
April	8,683 (21.5%)	52,374 (21.9%)	1,869 (19.7%)	
May	17,286 (42.7%)	97,095 (40.6%)	3,231 (34.0%)	
June	1,129 (2.8%)	8,083 (3.4%)	355 (3.7%)	

SD=standard deviation

Figure 2. Mean Days to 1st PCP Visit After Enrollment

GA: 39.4 days

TN: 31.2 days

MS: 41.0 days

Sun	Mon	Tue	Wed	Thu	Fri	Sat
X	X	X	X	X	X	X
X	X	X	X	X		

Adjusted analysis showed Mississippi residents waited an additional 2.5 days (95% CI 1.72, 3.31) to visit a PCP after enrollment compared to residents in the comparison group.

Figure 1. Primary Care and Emergency Room Utilization by State

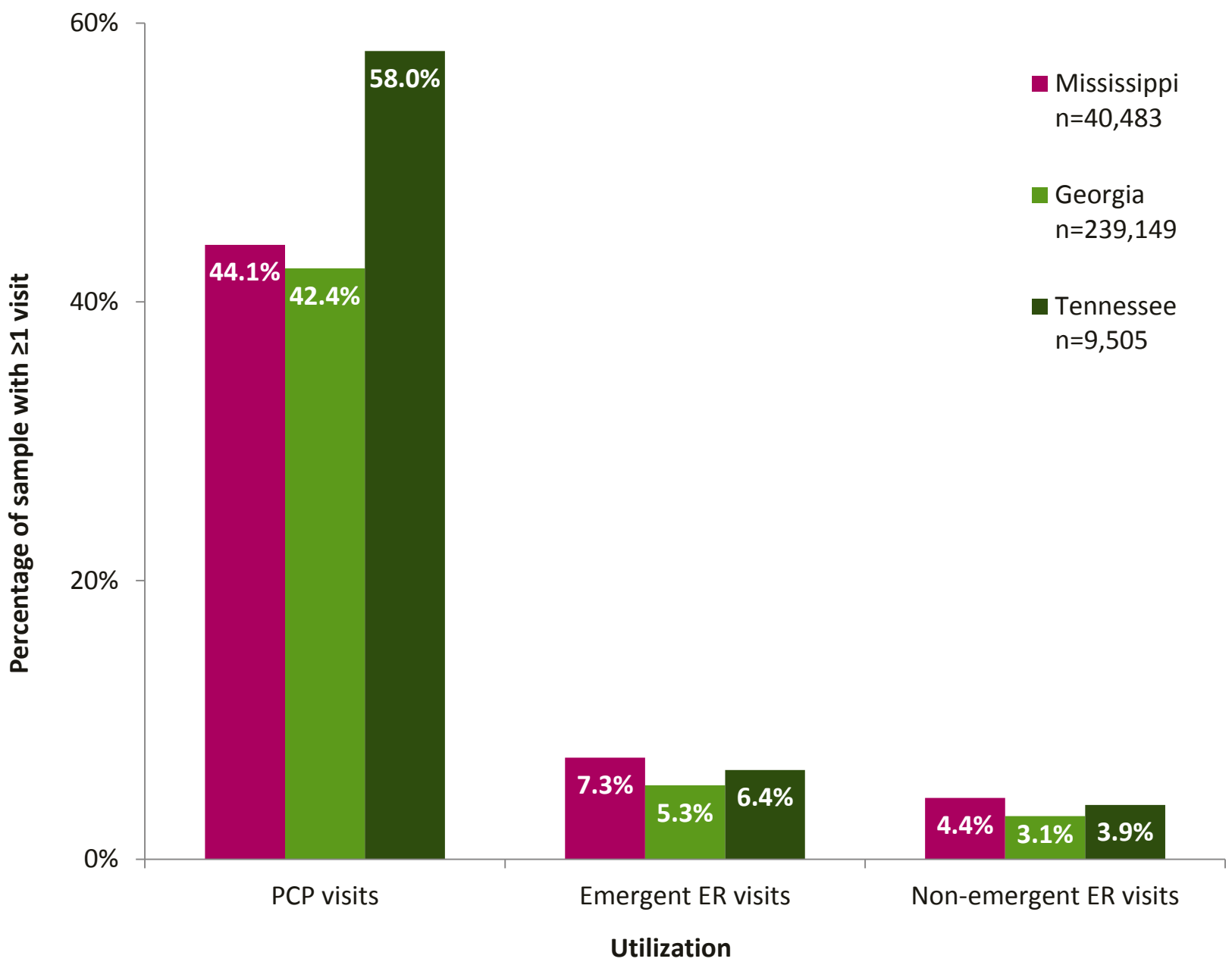
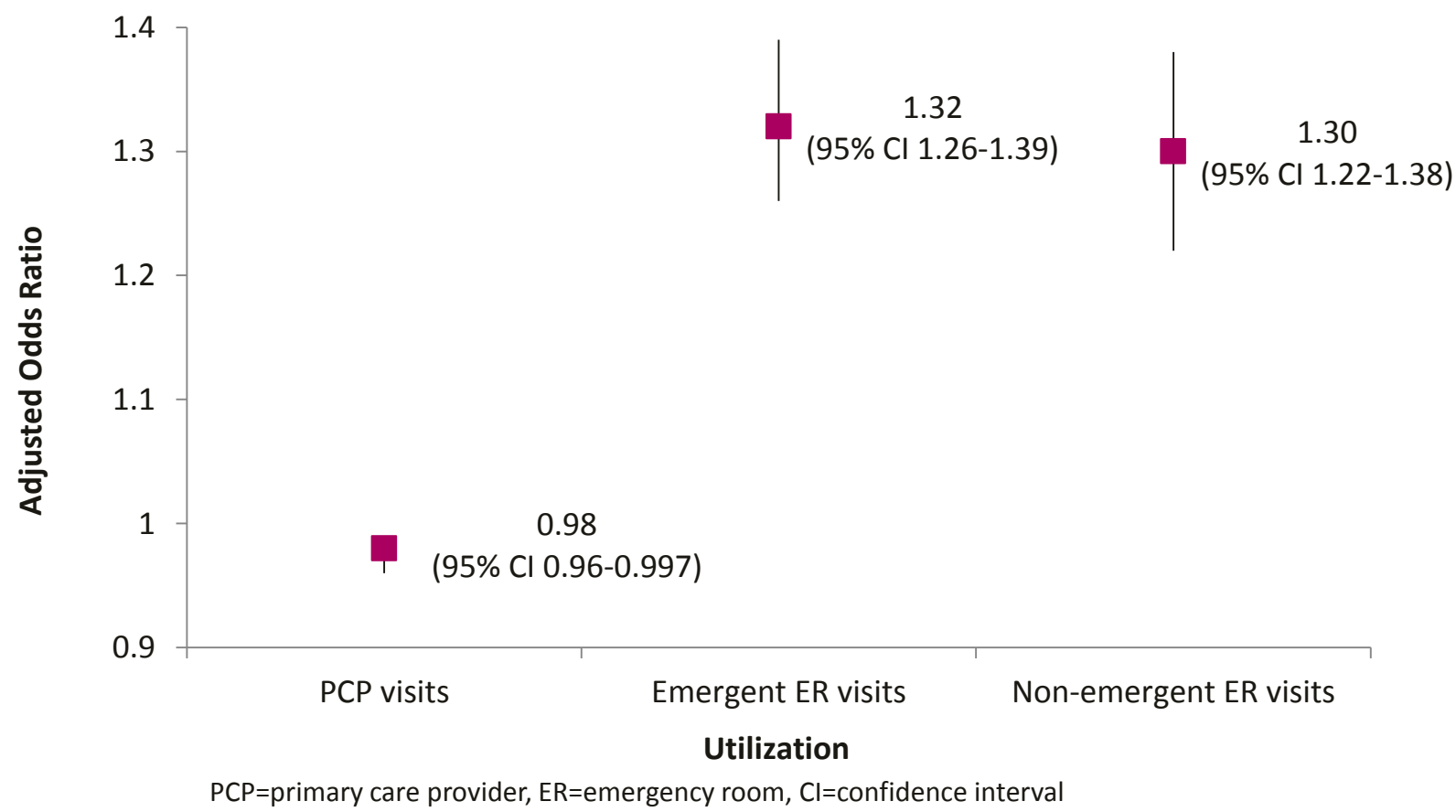


Figure 4. Adjusted Odds Ratios for Primary Care & Emergency Room Utilization among Mississippians (Reference GA and TN)



Mississippi residents were less likely to visit their PCP and more likely to visit the ER for both emergent and non-emergent reasons than comparable residents in Georgia and Tennessee.

Implications for Policy and Practice

- Overall utilization of primary care providers was lower, and time to an initial PCP visit after enrollment was longer for residents in Mississippi.
- Differences in primary care seeking behavior between new Mississippi enrollees in ACA plans and those in comparison states, despite a program in Mississippi offering no copay for a non-preventive PCP visit, suggest the existence of additional barriers to primary care beyond cost.
- Despite gains in access provided by ACA exchange plans to Mississippi residents, further progress in the provision of primary care services will require a multi-faceted approach.

Limitations

- Underlying differences between Mississippi residents and the comparator groups may impact results. Although the analyses adjusted for some covariates, it is likely that unmeasured confounders exist.
- Certain limitations common with claims analyses, such as missing or erroneous values, are applicable in this study.
- Reasons for not visiting a PCP were not assessed and further research is needed to understand other barriers to access.

References

1. Jessica C. Smith and Carla Medalia, U.S. Census Bureau, Current Population Reports, P60-250, Health Insurance Coverage in the United States: 2013, U.S. Government Printing Office, Washington, DC,
2. 2014.America’s Health Rankings. United Health Foundation. 2014. Available at: <http://www.americashealthrankings.org/reports/annual>. Accessed on May 15, 2015.

