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 children ages 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.

**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 fewer 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 surveyed case 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.

**Medical Frailty Definition:**

CMS defines medical frailty as involving chronically disabling conditions that impair one or more activities of daily living or state plan criteria that impairs one or more activities of daily living.

CMS does not define how to determine medical frailty, and leaves it up to the states to determine the definition.

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

**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.

**Methods of Assessing Medical Frailty in ACA Expansion States**

<table>
<thead>
<tr>
<th>State</th>
<th>Self-Report</th>
<th>Data Review</th>
<th>Administrative Review</th>
<th>Clinical Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>Online screening for conditional approval of Medicaid needs in coming year</td>
<td>Claims monitoring to identify those no longer medically frail</td>
<td>Criteria for Medicaid Long Term Services and Supports are equivalent to medical frailty — no separate assessment</td>
<td></td>
</tr>
<tr>
<td>California</td>
<td>Self-identification as having ADL limitations or needs (facilitated by informational materials)</td>
<td>Survey score determines assignment to state plan Medicaid or Alternative Benefit Plan</td>
<td>Department of Human Services employees, Mental Health and Behavioral Health Service employees may complete survey; provides with current National Provider Identifier (NPI) complete survey</td>
<td></td>
</tr>
<tr>
<td>Iowa</td>
<td>Online Social Security Disability Insurance eligibility check or review of eligibility criteria, and hotline assistance by Department of Human Services employees, mental health and behavioral health needs</td>
<td>MCOs complete health risk assessment (in 30 days)</td>
<td>Managed Care Entity (MCE) verifies medically frail patients at Medicaid enrollment; MCE assigns cost sharing to plan</td>
<td></td>
</tr>
<tr>
<td>Maine</td>
<td>Self-identification facilitated by managed care organization (MCO) counseling</td>
<td>Applicability screening for conditional approval of Medicaid needs</td>
<td>MCE reviews eligibility status using claims, lab results, etc., after enrollment; MCE also verifies annually after frailty established</td>
<td></td>
</tr>
<tr>
<td>Massachusetts</td>
<td>Self-identification as having functional health care needs (elicited by enrollment interview)</td>
<td>Questionnaire responses and claims data analyzed</td>
<td>MCOs complete health risk assessment (in 30 days)</td>
<td></td>
</tr>
<tr>
<td>New Hampshire</td>
<td>Self-identification as having ADL limitations or needs in regular medical facility or nursing home</td>
<td>Survey score determines assignment to state plan Medicaid or Alternative Benefit Plan</td>
<td>Review of eligibility criteria, and hotline assistance by Managed Medicaid Customer Center staff</td>
<td></td>
</tr>
<tr>
<td>New Mexico</td>
<td>Self-identification facilitated by managed care organization (MCO) counseling</td>
<td>Medical Assistance Customer Center staff may complete survey</td>
<td>Review of eligibility criteria</td>
<td></td>
</tr>
<tr>
<td>North Dakota</td>
<td>Self-identification facilitated by managed care organization (MCO) counseling</td>
<td>Medical Assistance Customer Center staff may complete survey</td>
<td>&quot;Medically Exempt Attestation&quot; form completed by physician</td>
<td></td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>Self-identification as having functional health care needs</td>
<td>Medical professional review of request</td>
<td>Client must examine and submit report by physician</td>
<td></td>
</tr>
<tr>
<td>West Virginia</td>
<td>Self-identification facilitated by external materials</td>
<td>Medical professional review of request</td>
<td>Medical professional review of request</td>
<td></td>
</tr>
</tbody>
</table>

**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 enter 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.

This is a need for ongoing study to determine whether state differences in how medical frailty is associated with differences in access by persons with high medical need.

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