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

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Medical Frailty Definition: CMS defines medical frailty as involving individuals who encompass having:

- Physical, intellectual, or developmental disability
- Serious and complex medical conditions
- Chronic substance abuse disorders
- Disabling mental disorders

CMS does not define 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. This study examines how states undergoing Medicaid expansion are different from state plan Medicaid. 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 devise its own method of determining who meets the definition.

PRINCIPLE FINDINGS

There are substantial differences in how the 11 states assess medical frailty. Four primary methods of assessment were defined: 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>
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</thead>
</table>
| Arkansas | Online screening for conditional medical needs in costing year | Claims monitoring to identify those no longer medically frail | Criteria for Medicaid Long Term Services and Supports are equivalent to 'medical frailty'—no separate assessment | Manages Care Entity (MCE) verifies medically frail status using claims, lab results etc., after enrollment.
| California | Online screening for conditional medical needs in costing year | Criteria for Medicaid Long Term Services and Supports are equivalent to 'medical frailty'—no separate assessment | Managed Care Entity (MCE) verifies medically frail status using claims, lab results etc., after enrollment.
| Iowa | Online screening for conditional medical needs in costing year | Survey score determines assignment to state plan Medicaid or Alternative Benefit Plan | Clinical Review
| Indiana | Application screens for qualifying conditions/medical frailty indicators | Survey score determines assignment to state plan Medicaid or Alternative Benefit Plan | Medical Assistance Customer Center staff review of eligibility criteria and cross-refer with Medicaid Eligibility staff.
| Massachusetts | Self-identification as having special health care needs (facilitated by informational materials) | Survey score determines assignment to state plan Medicaid or Alternative Benefit Plan | "Medically Exempt Attestation" form completed by physician.
| New Hampshire | Self-identification as having high costs or居民 in medical facility or nursing home | Review of eligibility criteria | Medicaid Eligibility staff review of eligibility criteria.
| New Jersey | Self-identification facilitated by Managed Care Organization (MCO) counseling | Review of eligibility criteria | Medicaid Eligibility staff review of eligibility criteria.
| North Dakota | Self-identification facilitated by managed care organization | Review of eligibility criteria | UDOs complete health risk assessment (at 60 days).
| Pennsylvania | Self-identification facilitated by managed care organization | Review of eligibility criteria | Medical professional review of responses.
| West Virginia | Self-identification facilitated by managed care organization | Review of eligibility criteria | Client must verify and submits report to physician.

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 devise its own method of determining who meets the definition. These 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 devise its own method of determining who meets the definition.

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 devise its own method of determining who meets the definition. These 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 devise its own method of determining who meets the definition.