

Community Pharmacies' Experiences and Satisfaction with Iowa Medicaid Managed Care

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Background

- On April 1, 2016 Iowa transitioned from a state-run Medicaid program to a Medicaid managed care program.
- Medicaid enrollees were allowed to choose between three private managed care companies.
- The transition affected the majority of Medicaid enrollees, including people who were dually eligible for Medicare and Medicaid.
- The formulary and pharmacy payment formula were not supposed to change.

Objective

- To examine community pharmacies' experiences and satisfaction with the Iowa Medicaid managed care program.

Methods

- Cross-sectional descriptive study using a census of Iowa community pharmacies (n = 1,235).
- Sampling frame was the Iowa Board of Pharmacy list of registered pharmacies with an Iowa zip code.
- A four page survey was developed and pilot tested using a random sample of Iowa community pharmacies.
- Revised survey was mailed to remaining pharmacies on the list in fall 2016.
- Reminder postcards and a second survey mailing to non-respondents were used to increase response rate.
- Means and frequencies were calculated for the survey items.

Results

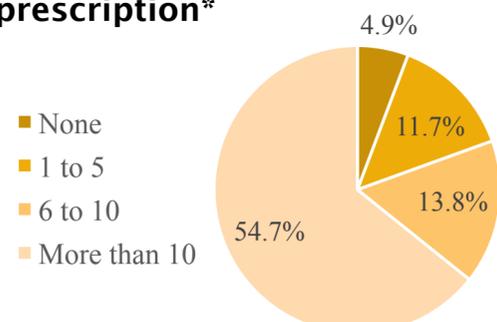
- N= 266 surveys were undeliverable. The response rate from eligible pharmacies was 27.9% (n = 261).
- Respondents were independent or small chain pharmacies (41.6%), large chain pharmacies (24.0%), mass merchandiser or supermarket (21.8%) and other (12.6%).

Table 1: Experiences with the Medicaid Managed Care Transition

	Mean ¹ (S.D.)
The Iowa Medicaid program kept me well-informed about the transition.	2.8 (1.1)
The prescription drug formularies for the managed care plans is the same as in state-run Medicaid.	2.4 (1.1)
Coverage of OTC medications has been the same as in the state-run Medicaid program.	2.3 (1.2)
The average amount of time to receive payment for prescription claims has increased.	3.7 (1.0)
It has been difficult to get prior authorization approvals under Medicaid managed care.	3.7 (1.0)
My patients faced barriers to getting their prescriptions during the transition.	3.9 (1.0)

1. Used a 5 point Likert scale with 1 = strongly disagree and 5 = strongly agree.

Figure 1: Number of Patients who were unable to get a prescription*



* Reported by the pharmacies.

Table 2: Ranking of Plans*

	Rank
Previous state-run Medicaid	1.9
Largest private payer	2.2
Largest Medicare Part D plan	2.6
Medicaid managed care plans	3.3

*Plans were ranked 1 to 4 based on overall satisfaction, with 1 being the best plan.

Table 3: Satisfaction with Medicaid Managed Care Plans After Six Months

Satisfaction Measure	Mean ¹ (S.D.)
Ease of obtaining prior authorization.	3.3 (1.3)
Amount of payment for brand name drugs.	3.4 (1.2)
Amount of payment for generic drugs.	3.4 (1.4)
Frequency of updates in the average acquisition costs.	3.1 (1.2)
Timeliness of payment for prescription drugs.	3.6 (1.4)
Plans' communication with pharmacies.	3.0 (1.4)
Plans' communication with patients.	2.7 (1.3)
Plans' help desk support.	3.7 (1.7)
Ease of joining the plans' pharmacy networks.	4.1 (1.8)
Determining patients' plan eligibility	3.8 (1.3)
Overall satisfaction with the Medicaid managed care program.	3.2 (1.5)

1. Satisfaction was measured on a 7 point scale with 1 = extremely dissatisfied and 7 = extremely satisfied.

Conclusions:

- Unique features of the Iowa Medicaid managed care transition preclude generalization to other states.
- Pharmacies and their patients experienced some problems with the transition to managed care.
- Satisfaction levels were relatively neutral, with low satisfaction for plans' communication with patients.
- Pharmacy ranked the Medicaid managed care plans lower in overall satisfaction when compared to other plans.

Acknowledgements

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