

# 2018 Access Monitoring Review Plan

## Executive Summary

Terri Pennington  
Business Information Office, NC Medicaid

CMS requests an update to the Access Monitoring Review Plan (AMRP) every three years with the next submission to CMS due in October 2019. The 2018 AMRP, including data for Calendar Years (CYs) 2015, 2016, and 2017, used solely by NC Medicaid as an overview of access to and utilization of care services.

The utilization of primary care, measured by visits per 1000 beneficiaries decreased from CY 2015 to CY 2017 by an average of 10% across all three areas, statewide, rural and urban, which represent decreases of 9.2%, 12.5% and 8.9%, respectively. In addition, a slight decrease in Primary Care Providers (PCPs) in both urban and rural counties noted during the 4<sup>th</sup> quarter of 2017. There was no increase in outpatient emergency department visits.

The 2018 Consumer Assessment of Healthcare Providers and Systems (CAHPS) 5.0 surveys for Medicaid Adults, Medicaid Children, and Health Choice, was administered with goal of obtaining performance feedback, were completed in January 2019. Results were received in March 2019. Getting needed care for adults, child, and children with chronic conditions was reported at 83%, 87.2%, and 87.2% respectively. Getting care quickly was reported for adults, child, and children with chronic conditions was reported at 84%, 87.9%, and 87.9%

Overall, visits to FQHCs, RHCs, LHDs, dentists, surgeons, urologists, and oncologists were slightly decreased for adults while child visits remained constant. Inpatient hospitalizations were slightly decreased for adults but constant for children in 2017.

Obstetrical visits per 1000 enrollees was difficult to obtain due to billing of bundled services and not included in analysis.

Behavioral Health services are not provided by a Fee-For-Service (FFS) model and not included in the analysis.

Home Health visits decreased in both urban and rural areas while private duty nursing, home infusion therapies, and other therapy services increased during 2015 – 2017.

No decrease in hemophilia utilization was noted during 2018 as result of the rate reduction for hemophilia medications.

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