



Update to Methods for Assuring Access to Covered Medicaid Services – Access Monitoring Review Plan

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Access Monitoring Review Plan (AMRP)

Required by CMS

- Analysis of data and supporting information to reach conclusions on sufficient access for covered services provided under FFS
- Include additional services when proposing to reduce rates or restructure payments in ways that may harm access to care and describe procedures to monitor access over 3 years once reductions are approved
- Develop AMRP and additions to the AMRP in consultation with Medical Care Advisory Committee
- Submit AMRP for 30 day public comment period prior to submission to the CMS

States required to include

- **Primary care services including physicians, federally FQHCs, RHCs, and LHDs**
- **Dental services**
- **Physician specialty services including general surgeons and urology**
- **Obstetric services**
- **Home health services (similar to Medicare home health which does not include home and community based services or waiver services)**
- **Behavioral health fee for service only (primarily for ages 0-3 years)**
- **Oncology added to 2018 report**

Included in AMRP

- For each 3-year period of data analyzed, confidence intervals applied and any changes $>$ than two standard deviations (SDs) above or below the mean are studied
- Data analyzed for the entire state and separately for rural and urban areas
- Monitoring of provider trends, provider locations, and providers/beneficiaries.
- Monitoring of prescriptions/beneficiary for hemophilia utilization (added in 2017 report)

AMRP submitted to CMS in September 2016

General impression 2016 report

- Data included Medicaid FFS population
- ↓ in utilization in 2015 from 2014 for most all services with no commensurate ↑ in ED visits or inpatient hospital admissions
- More providers available in urban and metropolitan areas as compared to rural areas

AMRP submitted to CMS in July 2017

- Utilization and provider trend data was analyzed for comparison by quarter for CYs 2014, 2015 and 2016
- Hemophilia drug SPA to reduce reimbursement of hemophilia drugs introduced with plan to monitor effects for no less than 3 years
- Primary Care Physicians – 2 SDs above mean in 1Q 2014 compared to subsequent quarters through 4Q 2016
- Nurse Practitioners and Physician Assistants – 4Q 2016 2 SDs above mean compared to all other quarters for 3-year period
- Dental Services – 2 SDs below mean in 1Q 2014 but stable for all other quarters for the 3-year period
- Urology – no change in utilization over 3-year period
- Home Health services – 2 SDs below mean for 4Q 2016

AMRP submitted to CMS in July 2017

- **Dental Services – 2 SDs below mean in 1Q 2014 but stable for all other quarters for the 3-year period**
- **Urology – no change in utilization over 3-year period**
- **Home Health services – 2 SDs below mean for 4Q 2016**

2018 AMRP to date

- Hemophilia rate reduction will be in effect on April 30, 2018 – continue utilization reporting
- Surgery services are 2 SDs below mean with all other services within 2 SDs of mean
- After initial analysis of CY 2015 - 2017 data it was discovered that the numbers of 21 – 64 year old eligibles in rural counties for ED, Urology, Dental, and Inpatient were not correct in the 2017 AMRP; data has been recalculated and analysis underway
- Draft of AMRP will be distributed to MCAC by May 10, 2018

Questions?