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
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?