



MEDICAID ACCESS MONITORING

REVIEW PLAN

**(Update to Methods for Assuring Access to
Covered Medicaid Services)**

Jeff Horton

Utilization Committee Chair, DMA

March 24, 2017

Progress to date



- **Plan was submitted to CMS on September 30, 2016 (deadline was October 1, 2016)**
- **General impressions from the access monitoring plan submitted to CMS are that utilization (measured in visits/ 1000 Medicaid beneficiaries) decreased from 2014 to 2015 for most all services including primary care and home health services, but there was no commensurate increase in emergency room visits or inpatient hospital admissions**
- **With the exception of home health providers, which can provide services over greater distances, there are more providers available in urban and metropolitan areas of the state compared to rural areas**

Current work



- **The agency allocated a data analyst position, which has been filled, to assist in data analytics for access to care.**
- **In January, approval was obtained to purchase a Truven product – Marketscan, which will be used to compare Medicaid rates for services in the Plan to commercial insurance rates, which is a requirement in the access monitoring rules**

Current work



- **The agency is the process of analyzing data from CY2016 and comparing to CY2014 and 2015 to identify trends in provider enrollment and utilization of services**
- **Data being analyzed is being broken down by age/disability groups**
- **The agency is currently working on state plan amendment (SPA) to reduce reimbursement of hemophilia drugs and an access monitoring review plan is being developed to submit with the SPA**

Next Steps



- **The access plan for the hemophilia drugs rate reduction will outline how the Medicaid agency plans to monitor access to those services affected by any rate reductions. Access must be monitored for 3 years.**
- **Any additional rate reduction SPAs sent to CMS must contain an access monitoring review plan**

Questions?