



# **MEDICAID ACCESS MONITORING REVIEW PLAN**

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

---

**Jeff Horton  
Utilization Committee Chair, DMA**

**June 23, 2017**

# Progress to date



- **Original access monitoring 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



- **Utilization and provider trend data was analyzed for comparison by quarter for calendar years 2014, 2015 and 2016**
- **Similar to the plan submitted in October 2016, data was analyzed for the entire state and separately for rural and urban areas.**
- **Services and providers analyzed include:**
  - **Primary care services including physicians, federally qualified health centers (FQHCs), rural health centers (RHCs), and local health departments (LHDs).**
  - **Dental services**
  - **Physician specialty services including general surgeons and urology**
  - **Pre and post-natal 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, which is primarily for ages 0-3 years**

# Current work



- Different from last year's plan where data was only analyzed for the total Medicaid FFS population, data analysis was also performed by age groups 0-20 years and 21 years onward and separately for rural and urban areas (visits/ 1000 beneficiaries was standard measurement)
- For each 3-year period of data analyzed, confidence intervals were applied and any changes that were more than two standard deviations (SDs) from the mean were studied for further review and analysis
- Findings reported are only for data analysis which was noted to be two SDs above or below the mean for providers/ 1000 beneficiaries or visits/ 1000 beneficiaries

# Current work



- The agency submitted its hemophilia AMRP with the state plan amendment (SPA) to reduce reimbursement of hemophilia drugs.
- The AMRP will be utilizing some of the same type parameters as with the previously submitted AMRP including monitoring provider trends, provider location, and providers/beneficiaries.
- For utilization, the AMRP will be monitoring prescriptions/beneficiary.
- The AMRP will be utilized to monitoring the effects of the rate reduction for a period of no less than 3 years.

# Findings from current work



- **Primary care services – primary care physicians**
  - **Statewide – The number of primary care physician providers/ 1000 beneficiaries in the 1st quarter of 2014 were two standard deviations (SDs) above the mean compared to the number of providers compared to subsequent quarters through last quarter of 2016. Further analysis showed that this increase of providers was due to providers located in urban areas. After the 1st quarter of 2014, participation of primary care physicians in the urban areas fell but was stable for the rest of the 3-year period ending 12/2016.**
- **Primary care services – nurse practitioners and physician assistants**
  - **Statewide - The last quarter of 2016 showed an increase that was two SDs above the mean for providers/ 1000 beneficiaries and also two SDs above the mean for utilization for statewide and both urban and rural areas compared to all other quarters of the 3-year period. The increase in providers and commensurate utilization was due to mandatory enrollment by November 1, 2017, of all rendering providers. In addition, the increase in utilization among beneficiaries was significant only for the 0-20 year age group, which meant these newly enrolled providers were engaged primarily in providing pediatric care.**

# Findings from current work



- **Primary care services – Dental services**

- Statewide - for the 1<sup>st</sup> quarter of 2014, there was a decrease in utilization of dental services (two SDs below the mean) for the 0-20 year age group with further analysis revealing the decrease was due to decreased utilization in rural areas. It should be noted the 1<sup>st</sup> quarter of 2014 is when Medicaid was expanded to cover children previously participating in NC Health Choice and nearly 100,000 children were moved from Health Choice to Medicaid. We believe the increase in children participating in the Medicaid program, who may not have utilized dental services yet, is likely the reason that overall utilization of services (visits/ 1000 beneficiaries) was decreased for this quarter.

- **Pre and post-natal services**

- Statewide – for the 1st quarter 2014, there was an increase in pre and post-natal services (two SDs above the mean). Further analysis showed this increase utilization of services was due to beneficiaries located in urban areas and after the 1st quarter of 2014, utilization of services fell but was stable for the rest of the 3-year period ending in 12/2016.

# Findings from current work



- **Physician specialty services – General surgeons**
  - Statewide – for the 4<sup>th</sup> quarter of 2016, there was a decrease in utilization of surgical services (two SDs below the mean) with further analysis revealing the decrease was due to decreased utilization in rural areas. In addition, the 4<sup>th</sup> quarter of 2014 also showed a decrease in surgical services (two SDs deviations below the mean). In both of these instances, it is thought the decrease in visits/procedures was likely due to decreases in elective procedures as a result of the November and December holidays.
- **Physician specialty services – Urology**
  - There were no changes in utilization or providers over the 3-year period that were below two standard deviations from the mean
- **Home health services**
  - Statewide – for the 4<sup>th</sup> quarter of 2016 for the 0-20 age group, there was a decrease in utilization (two SDs below the mean) group for the state with further analysis revealing the decrease was due to decreased utilization in urban areas. This continues a trend of decreases in home health services which is thought to be due to services shifting to other home and community based services or waiver services



**Questions?**