



Minnesota Department of **Human Services**

Minnesota's Access Review Monitoring Plan

“Methods for Assuring Access to Covered Medicaid Services”

42 CFR Part 447

Overview

- The new “Access Rule”
- DHS’ process
- The Plan
- Findings
- Conclusion
- Public comment period
- Next Steps

What is the “Access Rule”?

- **42 CFR Part 447**; *Methods for Assuring Access to Covered Medicaid Services*; Final Rule with comment (Nov. 2, 2015)
- **Purpose:** To create a transparent, data-driven process whereby states can demonstrate that Medicaid recipients have sufficient access to services through MA providers.
- **Application of Rule:** Applies only to fee for service population in MA.

New State Requirements

- Develop Access Monitoring Review Plan.
- Ensure beneficiary/provider input mechanisms
- Regular monitoring of data under the plan.
- Submit updates every three years, or earlier if rates are reduced or restructured in a way that could impact access.

What is “sufficient access”?

- Whether “payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area” as required by section 1902(a)(30)(A) of the Social Security Act.

What if an access deficiency is identified?

- State must develop a remediation plan within 90 days of discovering an access deficiency. Remediation must occur within 12 months and be measurable and sustainable with ongoing state process for monitoring impact on access for at least 3 years.

Impact on state plan amendment process

- When submitting a state plan amendment that affects payment rates to CMS, the state must include most recent access review monitoring plan for the services impacted, an analysis of the effect the change in payment rates will have on access, and a specific analysis of the information and concerns expressed from affected stakeholders

What happens if state does not comply?

- CMS may disapprove a proposed state plan amendment affecting payment rates.
- CMS may also take a compliance action in accordance with 42 CFR 430.35 (withholding of federal payments) if a state fails to remedy an access deficiency or fails to comply with federal regulatory requirements or fails to comply with federal regulatory requirements, including submitting a current, complete access monitoring review plan.

Process/Timeline for Access Plan

- **January**
 - Rule became effective
- **March – August**
 - Implementation Planning for Metrics & Data Needs
 - DHS Steering Committee & 3 subgroups
- **Sept. - October**
 - 30-Day Comment Period
 - Public/stakeholder feedback process
- **Oct. 1, 2016**
 - Final report due to CMS

What is in the plan?

- State must develop metrics and establish baselines for monitoring and assessing access for the 5 required benefits listed in the rule.
- State must develop metrics that consider the following for each benefit/service:
 1. Demographic information
 2. Provider availability
 3. Changes in beneficiary utilization
 4. Beneficiary needs assessment
 5. Payment levels and comparative rate review

Access Plan: Services/Benefits

1. Primary Care Services (includes Dental)
2. Pre- and Post-Natal Obstetric Services (including labor and delivery)
3. Physician Specialist Services (DHS chose orthopedics, cardiology, and oncology)
4. Behavioral Health Services (MH and SUD)
5. Home Health Services (as defined under 42 CFR § 440.70)*

Access Plan: Adding Services

- Other services are added to Access Plan when the state reduces rates or restructures payments to a service or benefit not covered under the plan.
- **Example:** MN legislature passes law reducing nursing home rates.
 - Prior to submitting a state plan amendment to CMS, DHS would be required to add nursing homes to its Access Plan and to seek stakeholder feedback and conduct an access analysis using metrics established under the Plan to determine whether access is sufficient with the change in rate.

Limitations of the Plan

- Time constraints.
- Use of CY2014 data
- Limited reliable data for making comparisons to access of general public.
- Insufficient mechanisms for collecting and recording data on FFS beneficiary satisfaction and experience with accessing providers.
- Unclear how CMS' requirements for what needs to be measured actually gets at access including access to “appropriate” care.

Overview of Metrics Developed

Based on CY2014 data:

- 1. Demographics:** age, gender, race, metro/non-metro, disability status, primary payer (third-party coverage), and enrollment duration.
- 2. Provider availability:** MA-enrolled and active provider baselines; active provider-to-enrollee ratios; baselines for frequency of services by site of service

Metrics continued...

- 3. Beneficiary utilization:** raw utilization rate (observed rate) based on claims with a risk adjusted rate (expected rate) to account for differences in the MA-population's acuity and case mix.

Metrics continued...

- 4. Beneficiary Needs Assessment:** HEDIS measures applied to the FFS population to evaluate the performance of the MA-FFS population in meeting recognized standards for enrollees (except home health and specialty). State also included call-log data and data from the MN Health Care Access Survey.

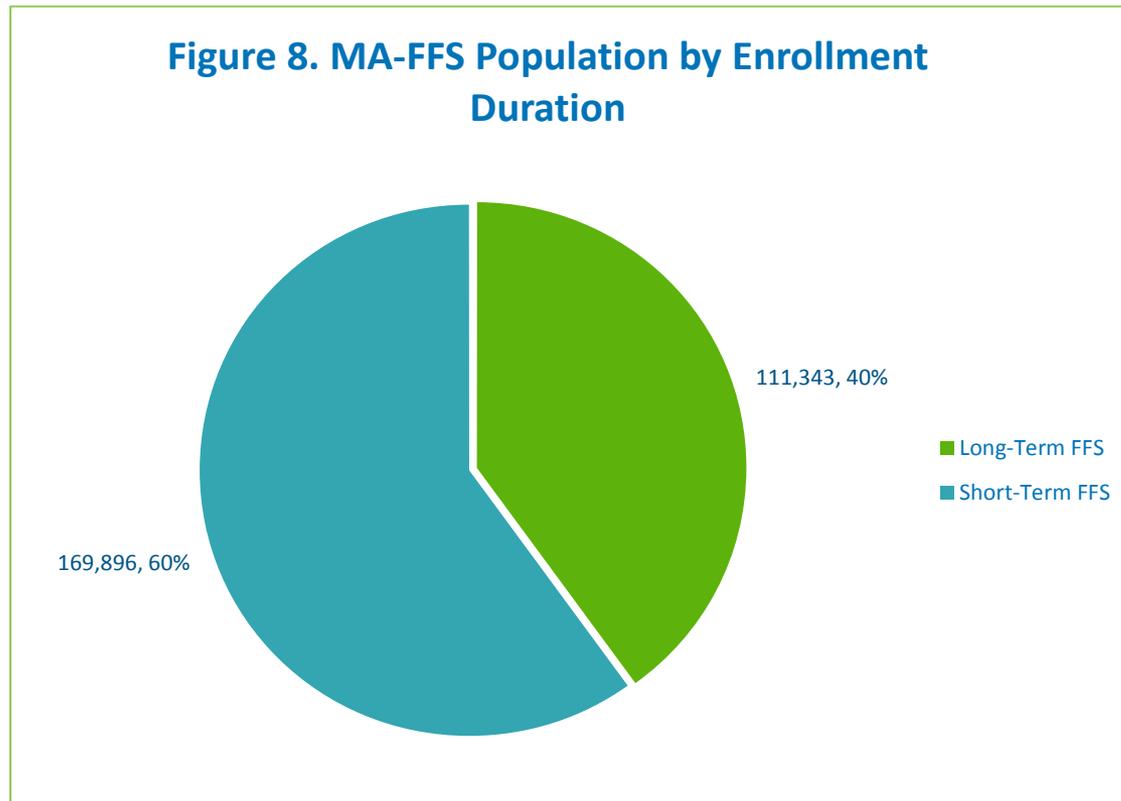
Significant gaps in available data exist in this area of the report and DHS has plans to improve these data sources in future reports.

Metrics continued...

- **Comparative Payment Rate Review:** State used Medicare to compare to most frequently used procedures for most of the benefit categories. The state used SEGIP as a comparison for dental benefits given the lack of available comparisons in Medicare.
- **We were unable to find a reasonable comparison for rates paid for SUD services in MA.** We will be working over next year to identify another state or states to compare to that have similar delivery and service systems for SUD. We will include that in the update to the next report.

Key findings in demographics

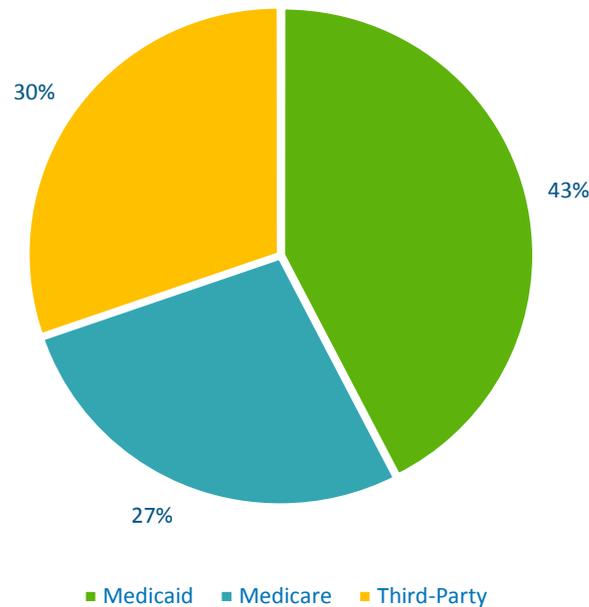
- A significant portion of the FFS population has a short, time-limited enrollment duration in FFS system, before moving to managed care.



Key findings continued...

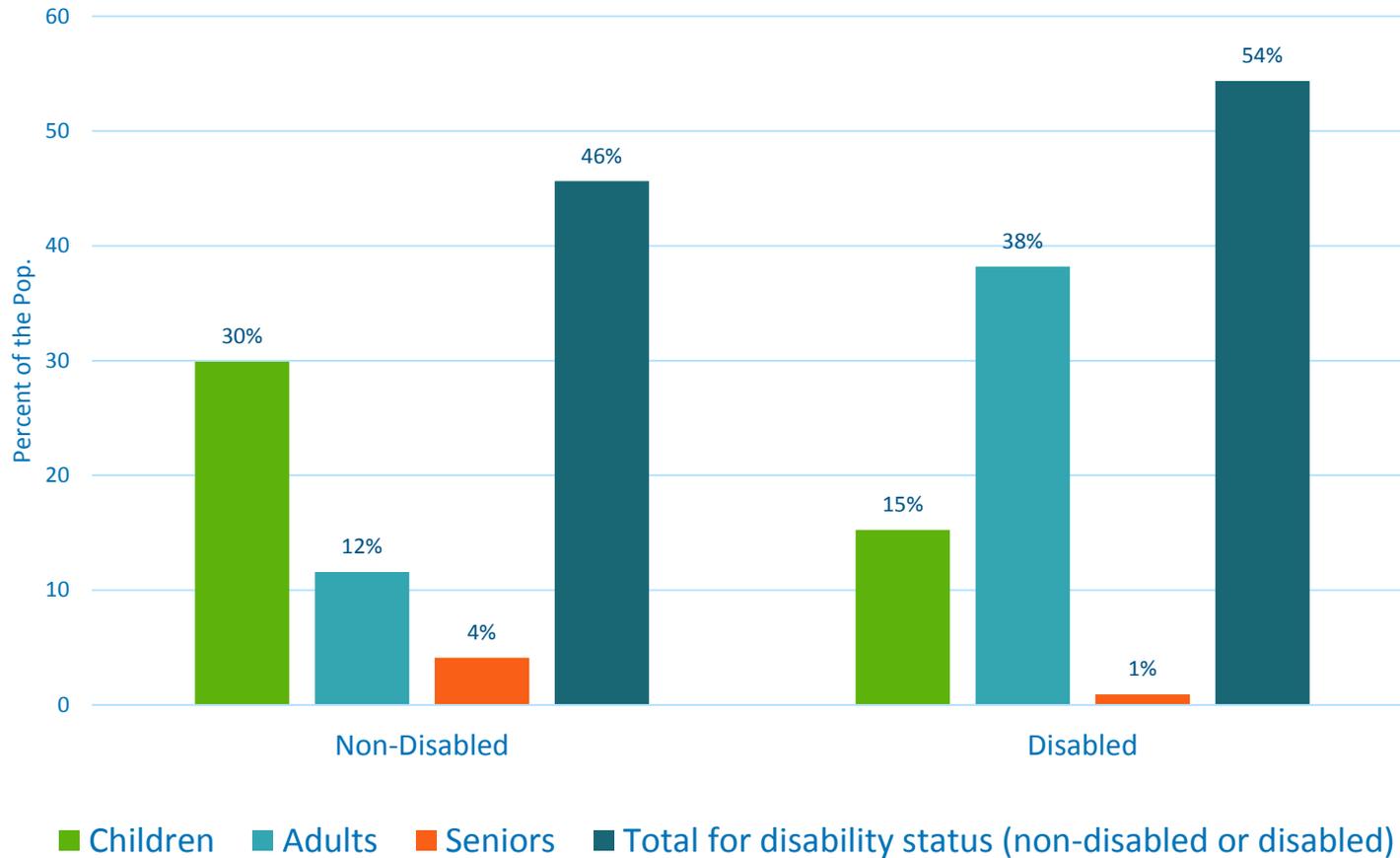
- Of those who remain in FFS for the year, a significant number of enrollees will have a third party payer as their primary source of coverage at some point in that year.

Long-Term FFS Pop. by Primary Payer



Key findings continued...

Long-term, MA-FFS Population by Age and Disability



Key findings from baselines

- Gaps present in dental access.
 - On average, statewide, there was at least one active dental care provider for every 142 enrollees in CY2014. *(We would expect to see more active providers for this basic health benefit as with primary care, which had one active provider for every 19 enrollees.)*
 - The number of FFS enrollees receiving an annual dental exam was much lower than managed care enrollees and national HMO averages. (HEDIS)
 - Significant volume of calls related to dental received by DHS Help Desk; it was one of the top reasons people call.
 - Highest reported issue with provider access had to do with a dental provider for those likely to be on Medicaid (MN Health Access Survey)

Overall conclusions

- This report sets forth mostly baselines for state to track and monitor changes in provider availability and utilization when rates change.
- DHS needs better access to relevant and reliable data and more time to refine measurements.
- There is no indication, at this time, that state does not meet federal requirement of sufficient access that's comparable to general public's access.
- DHS acknowledges issues present with dental and is committed to working with CMS and stakeholders on this issue.
- Stakeholder feedback and input is needed.

Public comment

- Report will be posted online for 30-day public comment until Sept. 30, 2016.
- Comments can be submitted online through link on website.
- Go to: <http://mn.gov/dhs/general-public/about-dhs/public-participation/>
- Plan will be submitted Oct. 1, 2016.



Minnesota Department of **Human Services**

Thank you.

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