Medicaid Access Rule
Methods for Assuring Access to Covered Medicaid Services

CMS 2328-F

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May 6, 2011- Proposed rule released

March 31, 2015- Armstrong v. Exceptional Child Care, Inc. decision

November 2, 2015- Final rule released

January 1, 2016- Rule effective date

July 1, 2016- Access monitoring review plan due
Rule Overview

- Applies to fee-for-service populations only
- Does not apply to:
  - 1115 demonstration waivers
  - Home and community-based services waivers
- Three main provisions
  1. Demonstrate access
  2. Public process for reduction or restructure of Medicaid payment rates
  3. Public notice of rate changes
Demonstration of Access to Care

• Access Monitoring Review Plan
  – Enrollee needs
  – Availability of care and providers
  – Utilization of services
  – Data sources, methodologies, trends, etc.

• Developed in conjunction with medical care advisory committee

• Public comment and review period
Demonstration of Access to Care

- Member and provider input

- Analysis of Medicaid payment rates to other public and private insurers by geographic region

- Periodically monitor access for at least 3 years after the implementation of rate reduction or restructure
Access Plan Timeline

• Initial plan due July 1, 2016
• Updated at least every 3 years
• Review of required service categories
  – Primary care (physician, FQHC, clinic, dental)
  – Physician specialist services
  – Behavioral health
  – Obstetric care
  – Home health
  – Services when a rate reduction or payment restructure is planned
  – Additional services based on access complaints
Rate Reduction or Restructure

- Access review within prior 12 months of state plan amendment submission
- Establish ongoing monitoring procedures
  - Public review
  - Conducted annually
- Ongoing member input
  - Maintain record of input and state response
  - Available to CMS upon request
Remediation of Access Concerns

- Modifying payment rates
- Reducing barriers to provider enrollment
- Additional transportation to services
- Improved care coordination
- Changing provider licensing or scope of practice policies
Provider Participation and Public Process

- Data collection including member and provider input
- If state fails to provide supporting documentation:
  - SPA denial
  - CMS corrective action, can include payment withhold
Public Notice for Rate Changes

- Public notice on website
- “Regular and known” provider bulletin updates
- Maintained on state’s website no less than 3 years
Next Steps

- Working with data management to structure data collection
- Work with MMAC on data analysis
- Leverage current processes for ongoing input
  - MAC
  - HPE call center
  - Provider bulletins and banners
  - IQ process
  - Member and provider surveys
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Questions?

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