Monitoring Access in Fee-for-Service Medicaid

Medicaid and CHIP Payment and Access Commission
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Overview

- Background
- State survey of access monitoring practices
- State access monitoring review plans

Background

- Equal access provision requires payments be sufficient to ensure access comparable to the general public
- U.S. Supreme Court ruling in Armstrong v. Exceptional Child Center ended private right of action to enforce equal access
- November 2015 rule from CMS established new requirements for states to monitor and report on access to care in fee-for-service (FFS) Medicaid

Ongoing Need for Monitoring

- Many states continue to shift populations from FFS to managed care
- Both spending and enrollment in FFS varies by state, but nationally:
  - 55 percent of Medicaid spending was toward FFS in fiscal year (FY) 2015
  - As of FY 2013, about 54 percent of enrollees received services through comprehensive managed care
- Populations that remain in FFS are often the most vulnerable, such as individuals with disabilities

State Survey of Access Monitoring Practices

- Designed to learn about state practices in effect as of May 1, 2016
- Included three focus areas:
  - Beneficiary experience
  - Beneficiary utilization
  - Provider supply
- Fielded in August and September 2016

State Responses

- 37 states responded
- All provided services on a FFS basis to at least 4 of the 10 populations in the survey
  - 27 provided services on a FFS basis to all of the 10 populations
- Five states did not report collecting any of the types of measures we asked about

Populations Covered in FFS

Population	Number of states
Non-disabled children	34
Non-disabled adults	32
Individuals 65 years old and older	34
Children with physical disabilities	35
Adults with physical disabilities	34
Children with intellectual/developmental disabilities	36
Adults with intellectual/developmental disabilities	35
Children with severe emotional disturbance/substance use disorders	34
Adults with severe mental illness/substance use disorders	33
Pregnant women	30

Number of States Collecting Specific Measures

Beneficiary experiences accessing covered services			Utilization of covered services	Provider supply
Receipt of covered services	Receipt of timely covered services	Specific barriers to covered services		
26	20	19	29	21

N = 37 states

Populations, Services, and Providers

- Little variation in the number of states collecting data for particular populations
- States focused monitoring efforts on the following services and providers:
  - Primary and specialty care
  - Behavioral health
  - Dental health

Data Sources and Comparisons

- Beneficiary experience and utilization
  - Claims data, beneficiary surveys, complaint hotlines, stakeholder meetings
  - Compared to previous years and national averages
- Provider supply
  - Provider enrollment data compared to previous years

State Access Monitoring Review Plans

- Final rule required states to submit a plan to CMS by October 1, 2016
- In assessing access, plan must consider:
  - Whether beneficiary needs are met
  - Availability of care through enrolled providers
  - Changes in beneficiary utilization
  - Characteristics of beneficiary population
  - Actual or estimated provider payments from other payers

State Access Monitoring Review Plans

- State must conduct an analysis at least every three years for the following services:
  - Primary care
  - Specialty
  - Behavioral health
  - Pre-natal and postpartum
  - Home health
  - Any services for which there is a higher call volume of complaints
  - Any services for which the state has reduced or restructured payment rates

Initial Review of State Plans

- Existing state efforts focus on consumer complaint hotlines, although some have targeted initiatives
- Baseline data reported across service areas from claims, beneficiary surveys, or provider enrollment
- Few standards for comparison or details on corrective action plan

Conclusions

- Considerable variation across states in terms of existing efforts and plans going forward
- Some states voiced concern about burden
  - Small, idiosyncratic populations
  - Limited data, especially on comparable payment rates
  - Administrative capacity to collect, analyze, and report data
- Unclear if states have the tools to respond or if remedies are within the purview of Medicaid (for example, provider supply)

Possible Areas for Future Work

- Further analysis of survey responses
  - For example, looking at the range of activities within states
- More in-depth assessment of access monitoring review plans
  - For example, looking at the data sources used
- Combine with other staff work looking at existing access issues

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