MACPAC

A New Medicaid Access Monitoring System

Draft chapter and recommendations

Medicaid and CHIP Payment and Access Commission

Martha Heberlein, Linn Jennings, Ashley Semanskee

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Chapter Outline

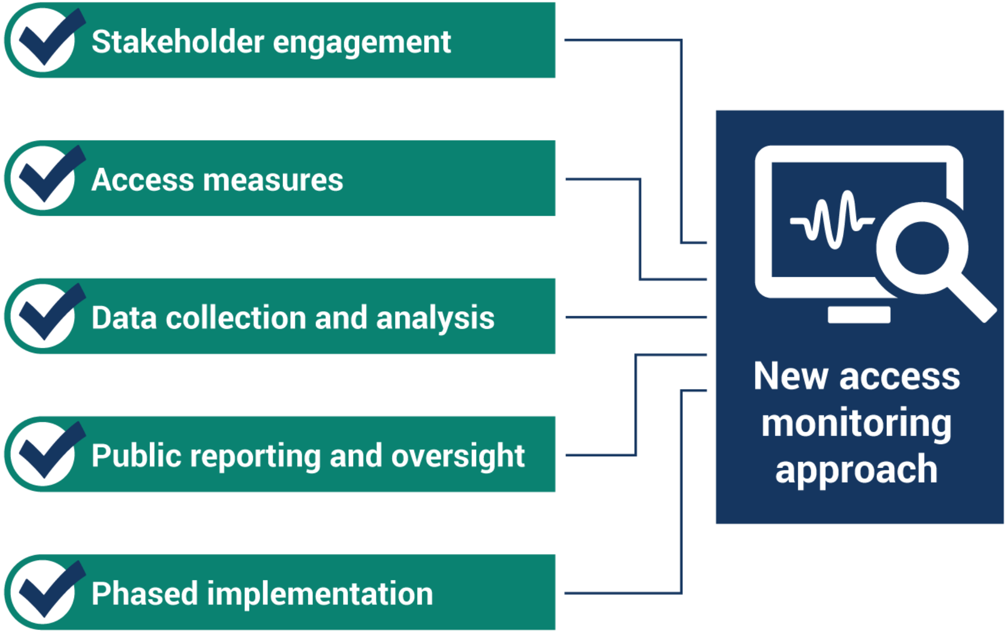
- Current approach and limitations
- Goals of a new access monitoring system
- Key elements of a new system
- Recommendations and rationale

Current Approach and Limitations

- Federal and state government obligations are covered under multiple sections of statute and regulations
- Approach is not uniform across states and delivery systems
- Key domains of access are not captured
- Some high-priority services are not monitored
- Limited actionable information from available data

Goals of a New Access Monitoring System

Key Elements of a New Access Monitoring System



- ✓ Stakeholder engagement
- ✓ Access measures
- ✓ Data collection and analysis
- ✓ Public reporting and oversight
- ✓ Phased implementation

New access monitoring approach

Draft Recommendation 1.1

The Centers for Medicare & Medicaid Services should develop an ongoing and robust access monitoring system consisting of a core set of measures for a broad range of services that are comparable across states and delivery systems. These measures should:

- capture potential access, realized access, and beneficiary perceptions and experiences;
- prioritize services and populations for which Medicaid plays a key role and those for which there are known access issues and disparities; and
- be adaptable to reflect changes in measurement, policy priorities, and care delivery.

CMS should issue public reports and data at the state and national level in a consumer-friendly format at regular intervals.

Recommendation 1.1: Rationale

- The current systems are insufficient to assess whether states and the federal government are ensuring sufficient access.
- A core set of standardized access measures would assess access to care across states and delivery systems.
- Measures should examine the full experience of beneficiaries accessing care and reflect the role of Medicaid in providing care to low-income and vulnerable populations.
- Publicly releasing reports and data can promote transparency and guide program improvement.

Recommendation 1.1: Implications

Federal spending: Increased data collection, standardization, and reporting could increase federal costs.

States: The effect on states may be minimized if a new system builds on existing data collection and reporting.

Beneficiaries: A new system may identify barriers and result in changes to improve access to services.

Plans and providers: A new system may capitalize on existing data measures, minimizing the reporting burden on plans and providers.

Draft Recommendation 1.2

The Centers for Medicare & Medicaid Services should involve stakeholders in the development and future modifications of a new system. The agency should actively solicit and incorporate input from key stakeholders, including, but not limited to, states, beneficiaries, health plans, providers, researchers, and other policy experts. The process for establishing a new access monitoring system should be public and transparent.

Recommendation 1.2: Rationale

- CMS should take the primary role in defining the goals, requirements, and access measures for a new access monitoring system.
- To ensure the development of a system that is both meaningful and feasible, stakeholders should be engaged through multiple avenues that go beyond formal rulemaking requirements.
- Soliciting input from multiple perspectives, including from those who benefit from the services, will help secure support and facilitate understanding of the standards and processes being used to monitor access.

Recommendation 1.2: Implications

Federal spending: Costs to CMS may increase if additional staff time is necessary to ensure a meaningful process.

States: Additional consultation may provide additional opportunities for engagement.

Beneficiaries: Beneficiaries may have additional opportunities to provide input through other avenues for stakeholder engagement.

Plans and providers: The development of a new access monitoring system may provide more informal opportunities for engagement.

Draft Recommendation 1.3

The Centers for Medicare & Medicaid Services should field a periodic and ongoing federal Medicaid beneficiary survey to collect information on beneficiary perceptions and experiences with care.

Recommendation 1.3: Rationale

- Beneficiary perceptions and experiences are important components of monitoring access.
- A federal survey would capture these experiences, address gaps in other access domains, and allow for state and subpopulation comparisons.
- Multiple survey modes should be available to increase beneficiary response rates.
- The survey data and reports should be publicly available and usable for stakeholders.

Recommendation 1.3: Implications

Federal spending: CMS may need additional funds to field a survey and federal costs would increase in the amounts provided by Congress.

States: States could be asked to assist in the design and fielding of a federal beneficiary survey.

Beneficiaries: New information on the beneficiary experience could be used to identify specific access barriers and lead to improvements.

Plans and providers: As the survey would be directed to enrollees, it is unlikely that it would have any effect on plans or providers.

Draft Recommendation 1.4

The Centers for Medicare & Medicaid Services should further standardize and improve the Transformed Medicaid Statistical Information System data to allow for meaningful cross-state comparisons of the use of particular services, access to providers, and stratification by key demographic characteristics, such as race and ethnicity.

Recommendation 1.4: Rationale

- The Transformed Medicaid Statistical Information System (T-MSIS) is the only federal Medicaid data source for person-level information on eligibility, demographics, service use, and spending.
- Improved consistency in variable definitions and collection of provider information, encounter data, and beneficiary demographic information would make T-MSIS data more useful for access monitoring purposes.

Recommendation 1.4: Implications

Federal spending: Aligning improvements to T-MSIS with existing work may minimize the additional federal costs.

States: Aligning changes for access monitoring with the ongoing improvement efforts may minimize the additional effort for states.

Beneficiaries: A new system may identify access barriers and result in improved access to services for beneficiaries.

Plans and providers: Plans and providers may need to update or change how they report particular data to the state to improve standardization.

Draft Recommendation 1.5

To assist states in collecting and analyzing access measures, the Centers for Medicare & Medicaid Services should provide analytical support and technical assistance.

Recommendation 1.5: Rationale

- Commissioners, panelists, and stakeholders noted the need for state technical assistance.
- States will likely need technical assistance and tools to improve the quality of data reported to T-MSIS and to collect and analyze additional access measures.
- Technical assistance from CMS may also be needed to help states address access issues identified through monitoring.

Recommendation 1.5: Implications

Federal spending: The technical assistance necessary for an improved access monitoring system might be provided as part of existing efforts.

States: Additional technical and analytic support from CMS could help states meet the obligation of collecting and reporting data to assess adequate access.

Beneficiaries: State improvements in monitoring and addressing access issues may result in improved access to services for beneficiaries.

Plans and providers: Plans and providers are unlikely to be directly affected by this recommendation.

Summary of Recommendation

1. Core set of comparable measures
2. Invite stakeholder input
3. Field a beneficiary survey
4. Further standardize T-MSIS
5. Provide state technical support

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