

VNAA Summary:

Methods for Assuring Access to Covered Medicaid Services Final Rule with Comment Period

On Monday, November 2, 2015 the Center for Medicare and Medicaid Services (CMS) published in the Federal Register a final rule with comment designed to measure access to covered Medicaid services, including home health services. “Methods for Assuring Access to Covered Medicaid Services” was first proposed by CMS in May 2011 and becomes effective on January 4, 2016.

Through this rule, CMS establishes a process for states to document that beneficiaries have adequate access to covered Medicaid services and requires states to take corrective action to improve access should the data reveal short-comings. CMS establishes federal guidelines for states to demonstrate access using a standardized, data-driven, and transparent process. However, CMS does not set nationwide standards. Also through this rule, CMS discusses processes to review provider payment rates to ensure they are sufficient enough for providers participate in Medicaid.

CMS requires states to implement an access monitoring review plan and establish the mechanisms by which they will monitor and measure access in their FFS Medicaid program (these provisions do not apply to beneficiaries enrolled in managed care). The review plans must be developed in conjunction with the state’s medical care advisory committee and submitted to CMS. CMS requires that the review plans focus on: 1) the extent to which enrollee needs are met; 2) the availability of care and providers; and 3) changes in beneficiary utilization.

CMS gives states flexibility within a federal framework to document measures supporting beneficiary access to services. CMS requires that states review data and trends to evaluate access to care for covered services and conduct a public process to get input on the adequacy of access to covered services in Medicaid. The final rule also specifies that states must examine access to care for certain specific required Medicaid services, including home health, and publish access studies. While this rule is final, CMS requests additional public comment on the service categories selected for analysis.

CMS will examine the feasibility of establishing a core set of access metrics and thresholds that can be universally applied across all states and services. This rule solicits feedback on which core access measures would provide useful information and could apply regardless of the service delivery approach adopted by the states (e.g., FFE vs. managed care). In the meantime, CMS permits states to use a variety of data for these reviews but suggests that data elements include (but are not limited to) time and distance standards, providers participating in the Medicaid program, providers with open panels, providers accepting new Medicaid beneficiaries, service utilizations patterns, identified beneficiary

needs, logs of beneficiary and provider feedback. CMS does not require states to include provider payment and charges but states may choose to include these data.

If access is found lacking, a state must develop and submit a corrective action plan to CMS within 90 days of discovery of a deficiency. CMS indicates that the goal of the plan is to correct the problems within 12 months but does not specify how a state must do this. CMS will monitor whether access to care improves after implementation of the plan. CMS notes that while increased payment may be a key strategy to increasing access, there are many factors that contribute to access. CMS will not establish minimum rates or otherwise change the state rate-setting process.

In the rule, CMS encourages states to achieve best value and reform delivery systems and indicates that the rule is not intended to impair states' abilities to pursue delivery or payment model innovation. In addition, CMS emphasizes that services may be delivered through different models and that comparable access does not necessarily mean that the beneficiaries obtain services from the same providers or the same number of providers.