



# Draft Chapter for March Report: Monitoring Access to Care in Medicaid

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Medicaid and CHIP Payment and Access Commission  
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# Chapter Overview

- Defining and measuring access
- Summary of access to care findings
- Access monitoring in fee for service
- Access monitoring in managed care
- Challenges in monitoring and ensuring access

# Ongoing Need for Monitoring

- States and the federal government have an obligation to ensure that Medicaid beneficiaries have sufficient access to services
- The ability to monitor access also provides a level of transparency and accountability for program spending

# Defining Access

- “The timely use of personal health services to achieve the best possible health outcomes”
- Access is a multidimensional concept, incorporating the need for care, the ability to obtain that care, and value of the services
- Access may differ by geographic area, health care infrastructure, medical practice patterns, and individual’s perceived and clinical need for services

# Access to Care in Medicaid

- Medicaid beneficiaries have much better access to care, and much higher health care utilization, than those without insurance
- Compared to those with private insurance, Medicaid beneficiaries:
  - are as likely to have a usual source of medical care
  - have similar rates of doctor visits, but lower rates of dental visits
  - report more problems obtaining routine and specialty care

# Monitoring Access in Fee for Service

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- 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

# Access Monitoring Review Plans

- Final rule required states to submit an access monitoring review plan by October 1, 2016
- Access monitoring review plan applies to five categories of services
- Must include the measures, data sources, methods, and thresholds used to analyze access
- When access issues are identified, states must submit a corrective action plan



# Initial Review of State Plans

- Most states reported baseline data across the five required service areas from claims, beneficiary surveys, or provider enrollment
- A majority made comparisons to Medicare payment rates or Medicaid rates in other states
- Plans typically did not provide a standard of what would be considered adequate access
- Most states reported little detail on concrete steps to address access issues

# 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

# 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

# State Survey of Access Monitoring Practices

- States focused monitoring efforts on primary care, specialty care, behavioral health and dental care
- Typically used claims data, beneficiary surveys, complaint hotlines, stakeholder meetings, and provider enrollment data
- Compared data to previous years and national averages

# Monitoring Access in Managed Care

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- Managed Care Organizations (MCOs) must provide adequate assurances that they have the capacity to serve the population and offer a range of services and mix of providers
- May 6, 2016, CMS issued final rule that amended previous provisions governing network adequacy and access monitoring in MCOs
  - States must develop time and distance standards
  - Rule lists the factors to consider in setting these standards
  - Apply for plan years beginning July 1, 2018

# Monitoring Access in Managed Care

- States vary considerably in what they require in MCO contracts and how the state monitors
- States have different strategies to assess compliance with access standards, but they do not commonly use what are called “direct tests,” such as making calls to providers
- Most states did not identify any violations of their access standards over a 5-year period

# Challenges to Monitoring and Ensuring Access

- Data limitations
- Lack of benchmarks
- Inconsistent use of existing measures
- Administrative capacity constraints





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