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Access to Care Monitoring Review Plan (ACMRP)

Nevada Medicaid-Fee For Service

July 2016

Objectives

- Outline of Federal Rule
- Foundation of ACMRP
- CMS Mandates
- Overview of Initial FFS Review Plan
- Service Focus Areas
- Feedback

Outline of Federal Rule on access to Medicaid services

- November 2, 2015, CMS determined states must ensure access to services and also enforce documentation that reimbursement is "economic and efficient".

- State Medicaid programs are required to establish methods and procedures to ensure Medicaid beneficiaries can access services to at least the same extent as the general population in the same geographical area ("…equal access provisions").

Foundation of CMS- 2328-FC: Armstrong v Exceptional Child Center

- March 2015, Supreme court ruled that Medicaid equal access provision does not provide a private right of action for providers and beneficiaries to challenge Medicaid rates in federal court. (135 S. Ct 1378 2015)

- It applies to Medicaid state plan services paid for on a fee-for-service basis.
  - Does not apply to services delivered (1) through managed care organizations or (2) as part of a Medicaid waiver program.

CMS Mandates

- Access To Care Monitor Review Plan must encompass:
  - Documentation that services meet beneficiaries needs,
  - Availability of care through enrolled providers by geographic area, provider type and site of service,
  - Documentation of changes in beneficiary need in each geographic area,
  - Adhere to characteristics of the beneficiaries population, and
  - Comparison of actual or estimated levels of provider payment available from other public and private payers by provider type and site of service.

CMS mandates continued…

- Remediation Response: Corrective action plan on how Nevada plans to remediate the access deficiency within 12 months.

- For All State Plan Amendments (SPAs) that include rate cuts, changes to payment methodologies or other restructuring of reimbursements that might affect access, states are required:

  – to analyze access before setting and adjusting payments that might affect access,

  – to conduct a public process (i.e. workshop) that solicits feedback from stakeholders prior to submitting a SPA to CMS, and

  – to monitor access affected services for at least three years after the effective date of the SPA.

Overview of Initial FFS Review Plan

- In summary of the rule, CMS indicates that the State, "provides for a transparent data-driven process for states to document whether Medicaid payments are sufficient to enlist providers to assure beneficiary access to covered care and services consistent with section 1902(a)(30)(A) of the Social Security Act (the Act)"

- States are required to make the Access to Care Monitoring Review Plan (ACMRP) available for public comment for at least 30 days.

  - DHCFP Website: Nevada Access to Care

  Email address for comments:
  - NVAccessCarePlan@dhcfp.nv.gov

- The first review to CMS: October 1st , 2016.

- States must submit a revision at least every three years.

Service Focus Areas

The rule requires states to analyze data collected in accordance with their review plans during the three year review process, with a separate analysis for each of the following provider types or sites of service:

1. **Primary care** services, including services provided by physicians, federally qualified health clinics, clinics, or dental care,

2. **Physician Specialist** services (e.g., cardiology, urology, or radiology),

3. **Behavioral Health** services, including mental health and substance use disorder,

4. **Pre- and Post-natal** obstetric services, including labor and delivery,

5. **Home Health** services, and

6. Any service subjected to a higher than usual volume of complaints fro providers, beneficiaries, or other stakeholders to either the state or CMS.

Feedback

- DHCFP is asking for additional feedback from all stakeholders and community providers;
  - Medical Care Advisory Committee (MCAC)
  - Tribal Consultation (Indian Health Programs)
  - DHCFP Website-Stakeholders (Community, Providers, etc…)
    - Outline of **ACMRP DRAFT** located on DHCFP Website.

Additional Resources

- The rule can be accessed at this link: https://www.gpo.gov/fdsys/pkg/FR-2015-11-02/pdf/2015-27697.pdf
- 42 U.S.C. § 1396a(30)(A)
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Thank you