Proposed MCAC Access Subcommittee Overview

Background

Under §1902(a)(30)(A) of the Social Security Act, state Medicaid programs must ensure that provider payments are "consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers" to provide access to care and services comparable to those generally available. On November 2, 2015 CMS issued a regulation (42 CFR Part 447) under this authority requiring state Medicaid programs to demonstrate that their Medicaid fee-for-service (FFS) non-waiver payment rates ensure sufficient access to care. Specifically, the regulation requires states to:

1. Submit a triennial report, known as an Access Monitoring Review Plan (Access Plan), which analyzes beneficiary access to care for certain FFS provider types. DHCF submitted its first Access Plan to CMS on September 30, 2016.
2. Submit an access analysis for any state plan amendment (SPA) containing a reduction or restructuring of rates that could adversely impact access.
3. Monitor ongoing access to services for any provider type with a reduction or restructuring of rates and submit a corrective action plan (CAP) to CMS for any identified access deficiency within 90 days of identification.

In conducting access analyses, states must rely on a variety of data sources and methods, and include input from beneficiaries and providers.

Subcommittee Mission

DHCF is proposing to form an Access Subcommittee to provide ongoing input about access experience in the Medicaid program with a special focus on FFS program experience to support Access Rule compliance. Under the rule, state Medicaid programs must consult with the MCAC in developing and updating their Access Plans. The regulation also requires states to seek ongoing input from beneficiaries and providers on potential access issues, with medical care advisory committees (MCACs) listed as a potential source of such input. Given these requirements and the District's interest that it has direct information regarding potential or actual access issues and is able to develop and track the impact of any initiatives to redress access challenges throughout the Medicaid program, DHCF seeks to form a subcommittee that could offer a forum for discussion and information-sharing on work related to Access compliance and access concerns in any part of the Medicaid program.

Subcommittee Goals

The goals of the Subcommittee would be to:

1. Provide feedback on DHCF's plans to enhance beneficiary and provider input as part of the development of the next Access Plan, which will be due in 2019, and to augment these inputs for the entire program. This could include providing feedback on potential access measures, such as surveys, secret shopper programs, and topics for focus groups, providing input on provider types that should be analyzed in future reports, or strategies for gauging ongoing experience.

2. Provide input on the possible beneficiary or provider impact of current or future SPAs that propose to reduce or restructure rates, including suggestions of organizations or individuals that should be included in any review of proposed changes.

3. Keep DHCF informed about emerging access issues for particular beneficiaries, providers or services and about other efforts to study or monitor access to health care in the District, including research or advocacy group reports or initiatives.

Methods of Communication

The Subcommittee could meet through a conference call or in person, to be determined if the Subcommittee is established. Alice Weiss, Director of DHCF's Health Care Policy and Research Administration (HCPRA) and Yorick Uzes, Special Projects Officer, would be the DHCF points of contact for the Subcommittee. They would represent DHCF in Subcommittee meetings, and assist with preparation of agendas, minutes, and other Subcommittee deliverables as necessary. Other agency officials from DHCF and related agencies would participate as needed.

MCAC Feedback

- This sub-committee seems a little more technical than others, but I certainly agree that access to services is an important topic for beneficiaries that the MCAC should be mindful of.
- Let's include Access to Benefits for Beneficiaries and improving Access to Vision, Dental and Mental Health Benefits and Increasing Formulary and Prescription Drug Coverages
- iii. Gather and provide for review information on access issues ....
- Need to ensure that this is not limited to FFS or the CMS mandate
- Good for long-term. If only for 2017, might want to be more specific. As a charter document, long-term seems more appropriate.
- Based on my experience related to the sub-committee topic, these areas seem an appropriate starting point.
- Look at rates for early intervention services to ensure they are comparable with the region to assure we have access to a large pool of providers.
- Specificity as relates to observed needs or issues is important so efforts can be concentrated. This applies to all groups. Overall, these appear to be broad goals, therefore it is the objectives that should be SMART as objectives may evolve over time but overall goals remain the same. I think these objectives can be worked out within the committees in concert with DHCF's specific needs.
- Eliminate II. Add a paragraph specifically focused on developing and implementing a beneficiary survey to help us understand access issues that are not identified through data analysis.
- Defining Network sufficiency for MCOs --
  Behavioral Health -- are there ways to streamline how DC pays for behavioral health (DHCF pays for certain providers and DBH pays for providers who often do the same things but current payment practices can result in "payment ping-pong" and barriers to access
  transparency of data --development of city-wide dashboards on key health indicators and performance goals (VPB)
- Evaluate strengths and weaknesses of current resources for identifying medical providers who accept DC Medicaid - current data, language access, whether online directory frequently updated, complaints, etc