

2018 Access Monitoring Review Plan

Executive Summary

The Centers for Medicare and Medicaid Services (CMS) requests an update to the Access Monitoring Review Plan (AMRP) every three years with the next submission to CMS due in October 2019. The 2018 AMRP consists of data for Calendar Years (CYs) 2015, 2016, and 2017, and was used solely as an overview of access to and utilization of care services by the Medical Care Advisory Committee (MCAC).

The utilization of primary care, measured by visits per 1000 beneficiaries decreased from CY 2015 to CY 2017 by an average of 10% across all three areas, statewide, rural and urban, which represent decreases of 9.2%, 12.5% and 8.9%, respectively. This decrease did not result in an increase of outpatient emergency department visits. In addition, a slight decrease in Primary Care Providers (PCPs) in both urban and rural counties was noted during the 4th quarter of 2017.

Overall, visits to FQHCs, RHCs, LHDs, dentists, surgeons, urologists, and oncologists were slightly decreased for adults while child visits remained constant. Inpatient hospitalizations were slightly decreased for adults but constant for children in 2017.

The 2018 Consumer Assessment of Healthcare Providers and Systems (CAHPS) 5.0 surveys for Medicaid Adults, Medicaid Children, and Health Choice, were administered with a goal of obtaining performance feedback, and were completed in January 2019. Results were received in March 2019. Obtaining needed care for adults, child, and children with chronic conditions was reported at 83%, 87.2%, and 87.2% respectively. Obtaining care quickly was reported for adults, child, and children with chronic conditions was reported at 84%, 87.9%, and 87.9%

Obstetrical visits per 1000 enrollees were difficult to obtain due to billing of bundled services and not included in analysis.

Behavioral Health services are not provided by a Fee-for-Service (FFS) model and not included in the analysis.

Health Home visits decreased in both urban and rural areas while private duty nursing, home infusion therapies, and other therapy services increased during 2015 – 2017.

No decrease in hemophilia utilization was noted during 2018 as a result of the rate reduction for hemophilia medications.

5/14/19