



National Association for Homecare & Hospice National Medicaid Action Council

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NAHC National Medicaid Action Council

- NAHC affiliate with mission to promote forward advocacy that protects beneficiaries and providers that serve them
 - Val Haramandaris, Ellen Bolch, Andrea Devoti, Colin Roskey
- Provide sensible and bipartisan solutions to state and federal legislators and regulators that promote access goals
 - Data, research and study included as appropriate but focus of Action Council is advocacy and ACTION
- Emphasize value, pay for performance, efficiency and role of caregiver in policy development
- Make new law and policy that improves program operation and efficiency
- Communicate, advocate with elected officials in states and in DC

Activity Updates

- Environmental scan at March on Washington, set framework for policy roadmap and most effective areas of advocacy
- Prepare and update membership on Medicaid impact issues and resolution of *King v. Burwell* decision
- Prepare and disseminate information on major Medicaid Managed Care proposed regulation
- Review and disseminate proposed legislation in the US House Energy and Commerce Committee on Electronic Visit Verification (EVV) – will convene calls to offer constructive input, edits and refinements to committee and sponsors.
- Outreach to governors and state Medicaid directors introducing Action Council, offering assistance, focus on caregivers

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Major Day for Medicaid

- After four years, CMS yesterday released a **final rule** that not only improves its ability to **measure and ensure meaningful access to covered services**, but also provides **greater safeguards for beneficiaries who may otherwise experience great difficulty in receiving needed health care services**.
- The intent of this final rule is to provide a **framework for CMS to use to make better informed, data-driven decisions that support more effective service delivery systems, service rate structures, and provider payment methodologies** that reflect our unique and evolving Medicaid population.

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Medicaid Access Protection Final Rule

- Building upon comments on the 2011 proposed rule, this final rule signifies another step forward in strengthening the delivery of health care services provided under the Medicaid program.
- Goals of the final rule : (1) measuring and linking beneficiaries' needs and utilization of services with availability of care and providers; (2) increasing beneficiaries' involvement through multiple feedback mechanisms; and (3) increasing stakeholder, provider, and beneficiary engagement when considering proposed changes to Medicaid fee-for-service payments rates that could potentially impact beneficiaries' ability to obtain care.

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Protecting Beneficiaries – Access Review Plan

- To support these three goals, the final rule requires states to develop an **access review plan** that sets out the data elements and other information to be used to: **ensure beneficiary access to mandatory and optional services**; to **establish new procedures to review the effects on beneficiary access of proposed rate reductions and payment restructuring**; and to implement ongoing access monitoring reviews of key services, **and additional services as warranted**.
- CMS: “These provisions enhance meaningful access to health care services by putting beneficiaries back at the center of their care.”

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Review and Adequacy of Payment Rates

- The final rule also **strengthens CMS' ability to review and ensure Medicaid payment rates are consistent with efficiency, economy and quality and care.** This aligns with the recent Supreme Court *Armstrong v. Exceptional Child Center, Inc.*, 135 S. Ct. 1378 (2015) decision, which concluded that federal administrative agencies are better suited than federal courts to make these determinations.
 - The court ruling placed greater importance on review and enforcement capability at the federal level; thus, improving our ability to monitor, measure, and ensure access to care within fee-for-service payment methodologies.

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Effective Date

- The final rule becomes effective on **January 4, 2016**, at which time states must meet the requirements established through the provisions of the rule.
- During the 60-day period, CMS will accept **comments from the public on the access review requirements.** This will enable states to begin preparing their initial review plan analysis and to assess whether adjustments to this provision are warranted.
- The NAHC National Medicaid Action Council will support its members in gathering data and resources to construct effective comments to the Final Rule and the RFI.
- Participation is strongly encouraged!

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RFI

- In conjunction with the final rule, CMS also released a request for information to solicit comments on **additional approaches the agency and states should consider to ensure better compliance with Medicaid access requirements.**
- This includes comments on the potential development of **standardized core set measures of access, access measures for long-term care and home and community based services, national access to care thresholds, and resolution processes that beneficiaries could use in facing challenges in accessing essential health care services.**
- CMS will accept response to the request for information through January 4, 2016.

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Important Details

- The NAHC National Medicaid Action Council will be coordinating with its members and submitting comments to the Rule and the RFI before January 4, 2016.
- Participation is encouraged!!!!
- The final rule with comment and request for information are available on the Federal Register at <https://www.federalregister.gov/public-inspection> starting October 29, 2015 and can be viewed at <https://www.federalregister.gov> starting November 2, 2015.
- For more information, visit <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/access-to-care/access.html>

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ACA/Medicaid Next Five Years

| Democrat President | Republican President |
|--|---|
| <ul style="list-style-type: none">▪ More pressure on non-expansion states to explore Medicaid options▪ Greater use of sub-regulatory process, agency action to effectuate Medicaid/ACA improvement▪ Potential for cost control function/drugs/IPAB | <ul style="list-style-type: none">▪ Significant repeal and replace initiatives led by White House (even if not full repeal)▪ Curtailment of subsidy value and emphasis on private accounts▪ Potential for cost control function/Medicaid block grants |

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