NAHC National Medicaid Action Council

- NAHC affiliate with mission to promote forward advocacy that protects beneficiaries and providers that serve them
  - Val Halamandaris, 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

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.
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.

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.”
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.

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!
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.

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
# ACA/Medicaid Next Five Years

<table>
<thead>
<tr>
<th>Democrat President</th>
<th>Republican President</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ More pressure on non-expansion states to explore Medicaid options</td>
<td></td>
</tr>
<tr>
<td>▪ Greater use of sub-regulatory process, agency action to effectuate Medicaid/ACA improvement</td>
<td></td>
</tr>
<tr>
<td>▪ Potential for cost control function/drugs/IPAB</td>
<td></td>
</tr>
<tr>
<td>▪ Significant repeal and replace initiatives led by White House (even if not full repeal)</td>
<td></td>
</tr>
<tr>
<td>▪ Curtailment of subsidy value and emphasis on private accounts</td>
<td></td>
</tr>
<tr>
<td>▪ Potential for cost control function/Medicaid block grants</td>
<td></td>
</tr>
</tbody>
</table>