



Access Monitoring Review Plan

Federal requirement for CMS to review Medicaid rates to ensure access to care for the Medicaid population.

- New Final Rule released in Fall 2015
- Every state required to complete an Access Monitoring Review Plan by October 2016
 - Plans must be published for Public Comment before submission to CMS.
 - Plans must be updated every 3 years.

Access Monitoring Review Plan

- Access Monitoring Review Plans must:
 - Address the availability of care/providers and how health care needs are met;
 - Review access to Primary Care, Physician Specialists, Behavior Health, Pre/Post-Natal Care, and Home Health services;
 - Document changes in utilization; and
 - Compare between Medicaid rates and other health care payers; and
 - Be developed with recipient, provider, and stakeholder feedback.

Access Monitoring Review Plan

What information will SD's access plan contain?

- Description of South Dakota
 - Rural/Frontier Nature
 - Statewide Health Care Access Issues
- Beneficiary Characteristics/Access
 - Recipient Feedback Regarding Access
 - CAHPS Survey Data
 - Health Care Solutions Coalition Work & Recommendations
- Provider Participation
- Medicaid Reimbursement
 - Provider Work Groups
 - Summary of Rates