# Recent Regulatory Updates Improving Access to Care for People Insured by Medicaid and CHIP

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# Medicaid Access Strategy: Background

- Medicaid and CHIP provide essential health care coverage for 85 million people.
- Beneficiaries access their health care services using managed care and FFS delivery systems. Previous regulations addressing access were not comprehensive or consistent across payment systems and programs.
- Addressing these issues requires a thorough programmatic review and coordinated strategy with the following goals to improve and strengthen Medicaid and CHIP:
  - Remove barriers for eligible people when enrolling in and maintaining coverage
  - Ensure equitable access to Medicaid-covered health care services and supports
- CMS plans to achieve these goals through three rules:

| **Eligibility & Enrollment Final Rule** (released 3/27/24) | **Ensuring Access to Medicaid Services Final Rule** *(released 4/22/24)* | **Managed Care Final Rule** *(released 4/22/24)* |
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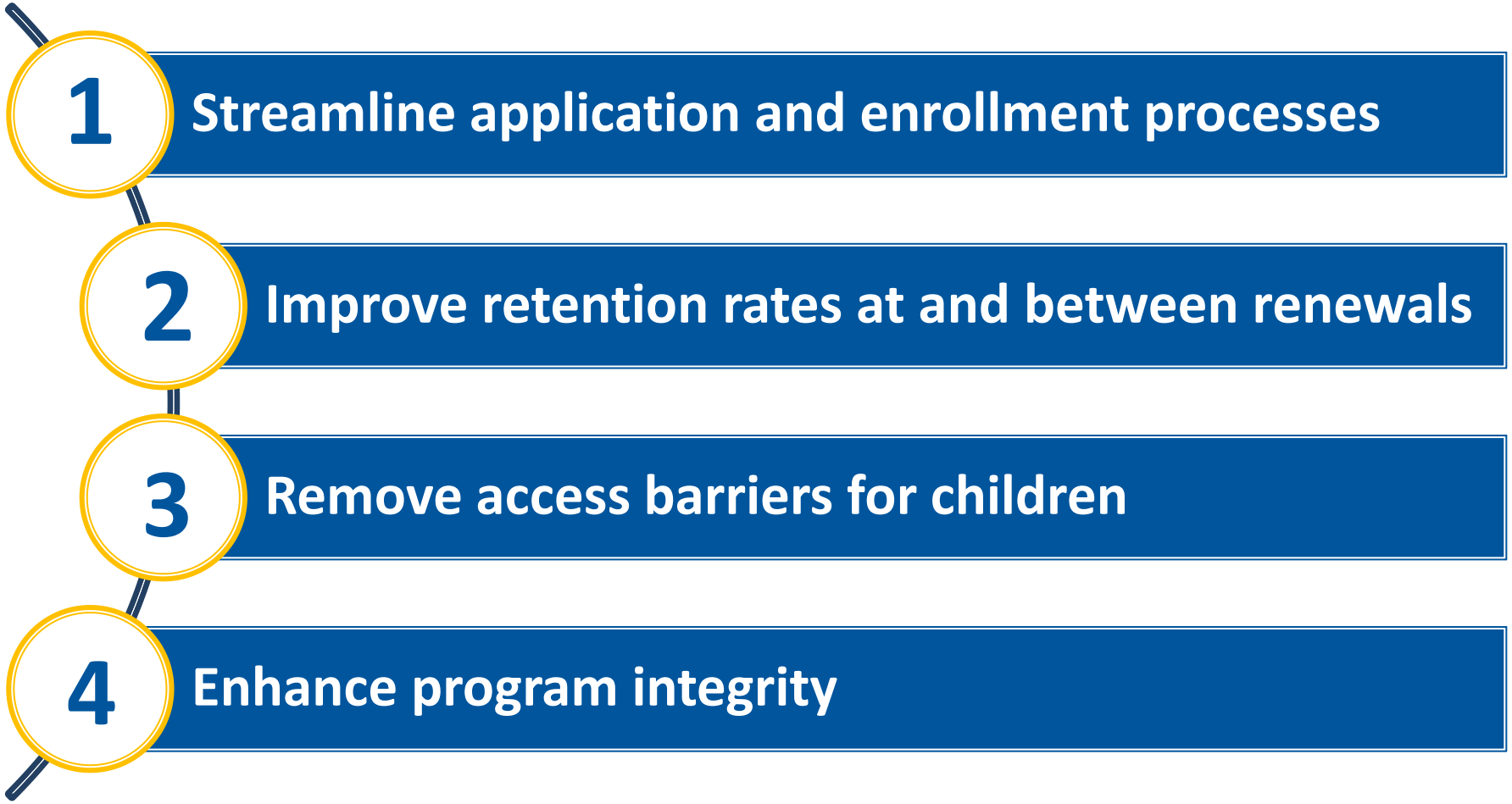
# Enrollment and Eligiblity Rule



# Access and Managed Care Final Rules

- CMS released two final rules:
  - ***Ensuring Access to Medicaid Services*** **(CMS-2442-F)**
  - ***Medicaid and Children's Health Insurance Program Managed Care Access, Finance, and Quality*** **(CMS-2439-F)**

- These final rules support the Biden-Harris Administration's efforts to advance groundbreaking, high-impact solutions to ensure greater access to Medicaid and CHIP services for all eligible individuals.

- These rules establish historic **national standards** for access to care regardless of whether that care is provided through managed care plans or directly by states through fee-for-service (FFS).

- These rules include **staggered applicability dates** to allow states and managed care plans adequate time to implement changes, some of which will require significant process and system updates.

# Access and Managed Care Final Rules

- **Establishing national maximum standards for certain appointment wait times** for Medicaid and CHIP managed care enrollees**,** and stronger state monitoring and reporting requirements related to access and network adequacy for Medicaid and CHIP managed care plans, which now cover the majority of Medicaid and CHIP beneficiaries.

- **Requiring states to conduct independent secret shopper surveys** of Medicaid and CHIP managed care plans to assess compliance with appointment wait time standards and to identify inaccurate information in provider directories.

- **Creating new payment transparency requirements for states** by requiring disclosure of provider payment rates in FFS, and a comparison to Medicare rates for certain services in FFS and managed care, with the goal of greater insight into how Medicaid payment levels affect access to care.

# Access and Managed Care Final Rules

- **Strengthening how states use state Medicaid Advisory Committees,** through which various interested parties can advise Medicaid agencies about health and medical care services, to ensure all states are using these committees optimally to realize a more effective and efficient Medicaid program that is informed by the experiences of Medicaid beneficiaries, their caretakers, and other interested parties.

- **Requiring states to conduct enrollee experience surveys** annually for each managed care plan to gather input directly from enrollees.

- **Establishing a framework for states to implement a Medicaid and CHIP quality rating system**, a "one-stop-shop" for enrollees to compare Medicaid and CHIP managed care plans based on quality of care, access to providers, covered benefits and drugs, cost, and other plan performance indicators.

# Updates in Policies Addressing Health-Related Social Needs and Workforce

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# Recent CMS Activities to Support HRSN

- States can address HRSN through **a variety of Medicaid authorities**, including state plan authorities, section 1915 home and community-based services (HCBS) waivers and state plan programs, managed care in lieu of services and settings (ILOSs) and section 1115 demonstrations, as well as CHIP Health Service Initiatives (HSIs).

**In lieu of Services and Settings (ILOS)**

- Approved California flexibly in December 2021 and followed with National guidance, a State Medicaid Director Letter (SMDL) that describes innovative options states may consider employing in Medicaid managed care programs to address HRSN through the use of a service or setting that is provided to an enrollee as ILOSs covered under the state plan.

**Section 1115 demonstrations**

- In December 2022, CMS announced a section 1115 demonstration opportunity to support states in addressing HRSN.
  - As of May 2024: Arizona, Arkansas, California, Massachusetts, New Jersey, New York, Oregon, and Washington.
- In November 2023, CMS published a CMCS Informational Bulletin describing the ways that states can address HRSN in Medicaid and CHIP authorities, and framework of HRSN services and supports that CMS considers allowable.

https://www.medicaid.gov/medicaid/section-1115-demonstrations/health-related-social-needs/index.html

# Overview of HRSN Services in 1115 Demonstrations

## Covered Services

- Housing supports
- Nutrition supports
- HRSN case management

Note: certain other HRSN services, such as transportation to HRSN-related activities, may be allowable outside of this framework

## Service Delivery

- Must be medically appropriate, as determined using state-defined clinical and social risk factors
- Must be the choice of the beneficiary, who can opt-out at any time. Cannot be required or disqualify beneficiary from other services.
- Must be integrated with existing social services (e.g., HUD services, SNAP, etc.)

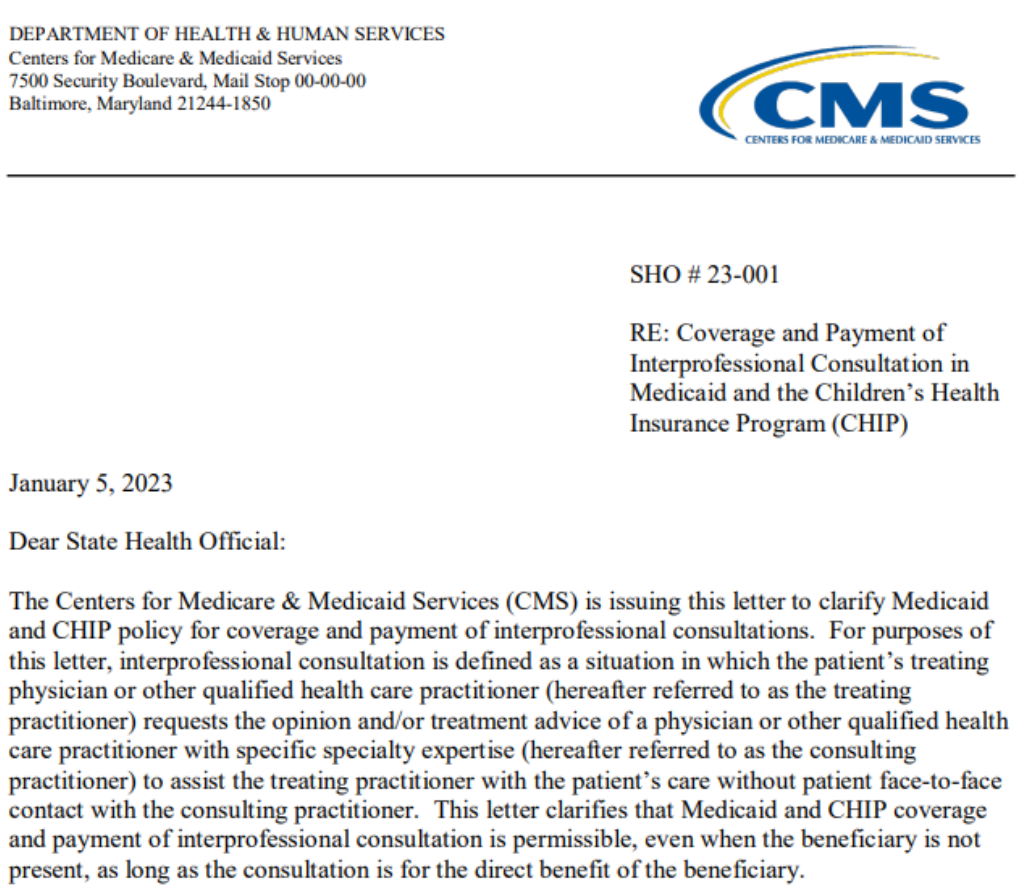
## Fiscal Policy

- Expenditures cannot exceed 3% of state demonstration's total Medicaid spend
- Infrastructure costs cannot exceed 15% of total HRSN spend
- Included in the without waiver baseline for budget neutrality purposes
- State spending on related social services pre-1115 must be maintained or increased

## Related Requirements

- State Medicaid reimbursement rates for primary care, behavioral health, and OB/GYN must be at least 80% of Medicare rates, or category with lowest rates must be increased by 2 percentage points
- Systematic monitoring and robust evaluation requirements, including reporting on quality and health equity measures

# Payment for Interprofessional Consultation



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SHO # 23-001

RE: Coverage and Payment of Interprofessional Consultation in Medicaid and the Children's Health Insurance Program (CHIP)

January 5, 2023

Dear State Health Official:

The Centers for Medicare & Medicaid Services (CMS) is issuing this letter to clarify Medicaid and CHIP policy for coverage and payment of interprofessional consultations. For purposes of this letter, interprofessional consultation is defined as a situation in which the patient's treating physician or other qualified health care practitioner (hereafter referred to as the treating practitioner) requests the opinion and/or treatment advice of a physician or other qualified health care practitioner with specific specialty expertise (hereafter referred to as the consulting practitioner) to assist the treating practitioner with the patient's care without patient face-to-face contact with the consulting practitioner. This letter clarifies that Medicaid and CHIP coverage and payment of interprofessional consultation is permissible, even when the beneficiary is not present, as long as the consultation is for the direct benefit of the beneficiary.

- This new policy expands and expedites access to specialty care, allowing beneficiaries to benefit from experts with knowledge of their particular health condition.
- Eliminates the need for consulting providers to coordinate payment via separate agreements with the treating practitioner
  - Gives Medicaid and CHIP agencies the flexibility to develop payment methods to reimburse consulting practitioners directly for their services.
- Importantly, these consultations can occur when the beneficiary is *not physically present*, ensuring personal and geographic barriers do not stand in the way of connections to care.

Available online: https://www.medicaid.gov/sites/default/files/2023-12/sho23001.pdf