



Ensuring Maryland Medical Assistance Program Recipients Enrolled in Managed Care Organizations Have Reasonable Access to Pharmacy Services

Tricia Roddy

Director

Medicaid Planning Administration

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Current Network Adequacy Requirements

MCOs must maintain a pharmacy network sufficient to meet the following geographic requirements:

- In urban areas, pharmacies shall be within 10 miles of each enrollees residence;
- In rural areas, pharmacies shall be within 30 miles of each enrollee's residence; and
- In suburban areas, pharmacies shall be within 20 miles of each enrollee's residence.

Maryland's Approach to Monitoring Network Adequacy and Access

MCOs go through a rigorous review process

- Adequacy assessment (provider network, pharmacies)
- Requires all HealthChoice MCOs to obtain National Committee for Quality Assurance (NCQA) accreditation by January 1, 2015
- Monitors provider participation through quarterly reports prepared by Hilltop

Maryland's Approach (cont'd)

- Medicaid Quality Strategy
 - Examples -
 - System Performance Review (SPR) to assess the structure, process, and outcome of each MCO's internal quality assurance programs;
 - Administration of the annual Consumer Assessment of Healthcare Providers Systems (CAHPS) survey for Medicaid Plans;
 - Collection of Healthcare Effectiveness and Data Information Set (HEDIS) measures;
 - Performance Improvement Projects (PIPs) selected by the Department to significantly improve quality, access, or timeliness of service delivery; and
 - Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) medical record review

What happens when an MCO fails to meet network adequacy requirements?

DHMH remedies include –

- Requiring the MCO to develop a CAP to address the issue;
- Levying fines, withholding capitation payments or other financial sanctions;
- Freezing auto-assignment or enrollment;
- Permitting enrollees to annually change to a new MCO voluntarily; or
- Terminating the MCOs contract and ending its participation in the HealthChoice Program, in the case of significant issues.

Immediate Actions: Implementing New Strategies to Monitor Access

- PCP Medical Home Monitoring
 - DHMH is requiring MCOs to provide their monthly PCP assignment data
 - Information used to gain further insight into how program recipients access and utilize primary care medical homes
- Secret Shopping
 - DHMH is piloting a secret shopping program.
 - Intended to verify the accuracy of each MCOs primary care provider directory.
- Notice Requirements
 - DHMH is establishing new regulations that requires MCOs to provide the Department with at least 90 days notices before making provider network changes (effective Feb. 2016)

Recommendations and Next Steps

- Continue to give MCOs the latitude to make adjustments to their pharmacy networks within the boundaries of the Department's adequacy guidelines
- Providing access to mail order pharmacies (as an alternative, but not as a substitute to pharmacies)
 - May increase medication compliance rates, improve health outcomes, and help identify potential drug interactions that might be missed.
- Continue to look at opportunities to improve its network monitoring activities