

CMS Proposed Rule to Loosen Reporting Requirements for Medicaid Managed Care States

Under newly [proposed rules](#) by the Centers for Medicare and Medicaid (CMS), states that deliver 85% or more of their Medicaid services through a managed care arrangement would be exempt from monitoring and analyzing data concerning access to care. The intent of the rule is to reduce the administrative burden on states. In addition, fee-for-service states that reduce Medicaid payments between 4% through 6% would also be exempt from the access monitoring review plan requirements (AMRP). According to CMS, the purpose of the AMRP is to “identify a data-driven process to review access to care and address: the extent to which beneficiary needs are fully met; the availability of care through enrolled providers; and changes in beneficiary service utilization.”

According to CMS Administrator Seema Verma, “These new policies do not mean that we aren’t interested in beneficiary access but are intended to relieve unnecessary regulatory burden on states, avoid increasing administrative costs for taxpayers, and refocus time and resources on improving the health outcomes of Medicaid beneficiaries.”

Article on subject from [Health Payer Intelligence](#) .