

interChange Provider Important Message

To: All CT Medical Assistance Program Providers and Members

Subject: CT Medicaid Access Monitoring Review Plan (AMRP)

Effective January 4, 2016, the federal Centers for Medicare & Medicaid Services (CMS) adopted regulations at 42 C.F.R. §§ 447.203 and 447.204 that require state Medicaid programs to ensure Medicaid members have access to covered services. Please follow this link: <https://www.gpo.gov/fdsys/pkg/FR-2015-11-02/pdf/2015-27697.pdf> to read the federal regulations. The Department of Social Services (DSS), Connecticut's state Medicaid agency, is committed to ensuring that Medicaid members can access the services they need. DSS is also committed to complying with the federal access requirements.

Medicaid Access Monitoring Review Plan

The federal access regulations require DSS to prepare an access monitoring review plan ("access plan"), which must analyze how Medicaid members have access to medically necessary covered services, including analysis of data sources, methodologies, baselines, assumptions, trends, factors, and thresholds. States must also consider information about access from providers, members, and other stakeholders. DSS has prepared a draft access plan for Connecticut's Medicaid program, which is posted on the Medicaid Access Monitoring Review Plan web page at: <http://www.ct.gov/dss/cwp/view.asp?Q=580926&A=4125> (follow the link once on this site) or for the direct PDF copy of the AMRP go to: <http://www.ct.gov/amrp>.

DSS invites providers, Medicaid members, other stakeholders, and the public to review the access plan and send comments about the plan. Instructions on submission of comments are located on the Medicaid Access Monitoring Review Plan web page.