



User Guide

Medicaid Access Data Collection Tool: User Guide

October 2018

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A. GETTING STARTED

A1. Introduction to the Medicaid Access Data Collection Tool and User Guide

The Centers for Medicare & Medicaid Services (CMS) has provided states with a Microsoft Access-based tool that allows them to enter data in a standardized format when they submit their Access Monitoring Review Plans (AMRPs). The tool's standardized format features ten templates for collecting multiple data measures. Although states are not required to use the ten templates or report the measures contained within, they should be a valuable resource going forward. In addition, the tool's companion document, the Medicaid Access Resource Manual, will be useful to states even if they do not use the templates, because the manual defines each measure to enter data on and directs states to the appropriate data source for it.

When the tool is opened, users are prompted to enter Medicaid Access data into ten separate templates. The tool automatically performs basic checks on the submitted data and outputs each template into a report for submission to CMS. States can use these templates as their AMRP submission, to supplement their AMRP submission, or as a guide to the types of data CMS is expecting in the AMRPs.

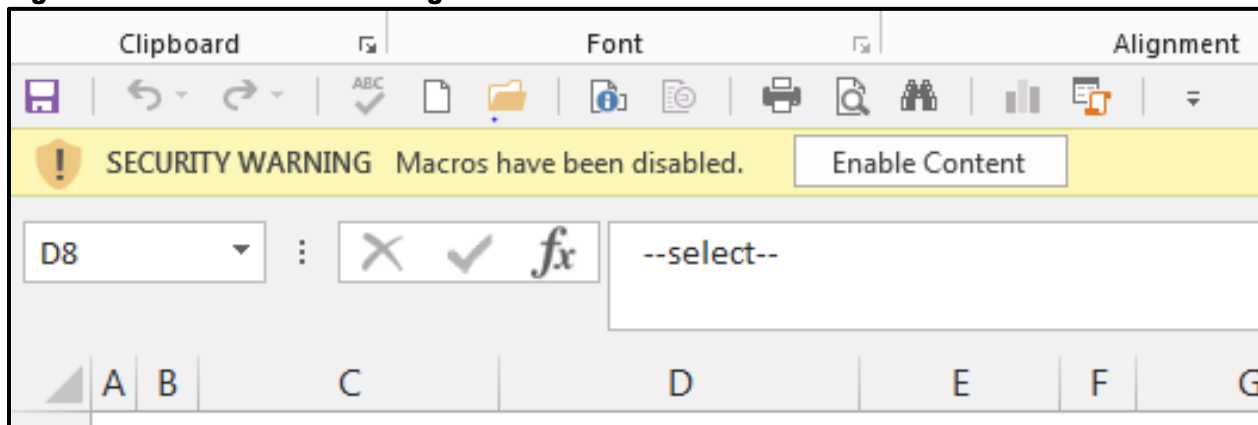
This document provides instructions on how to use the tool as well as a description of the processing that occurs within it.

A2. Opening the Medicaid Access Data Collection Tool

Open the tool using Microsoft Access Version 2007 or a newer version. You must have either the full or a run-time version of Access to open and use the tool. If you do not have the full version of the tool, you can download the run-time version of Access for free at this link: <https://www.microsoft.com/en-us/download/details.aspx?id=39358>.

This Access database contains macros, so you will need to save the tool and open it in a macro-enabled folder on your workstation. If you need help identifying where a macro-enabled folder is located on your machine, contact your state technical support team. Please note the tool will run more quickly and is less likely to produce run-time errors when downloaded locally (for example, to your desktop) rather than saved to a shared location such as a network drive.

Once you have opened the tool, you will need to enable macros. You can do this by clicking Enable Content on the macro ribbon.

Figure 1: Screenshot for enabling macros

A3. Main menu

Once you have enabled the macros on the tool, go to the main menu to start entering data.

Figure 2: Screenshot of the main menu

State Templates for Medicaid Access Monitoring Review Plans

These standardized templates are not required for state submission of Access Monitoring Review Plans (AMRPs), but if used and completed in full, the state may submit these templates and corresponding reports to CMS to fulfill their requirement for monitoring Medicaid Access. There are ten total templates for states to submit, although some of these templates may not be relevant. Please refer to the final rule and the user guide for determining whether the state is required to submit all ten templates.

State/Territory: Northern Mariana Islands

1. Beneficiary population
2. Beneficiary needs
3. Primary care services
4. Physician specialist services
5. Pre- and post-natal obstetrics services
6. Home health services
7. Behavioral health services
8. Other service affected by rate changes
9. Medicaid payment rate comparison
10. Mechanisms for beneficiary and provider input to access to care

Reports

Longitudinal Completeness

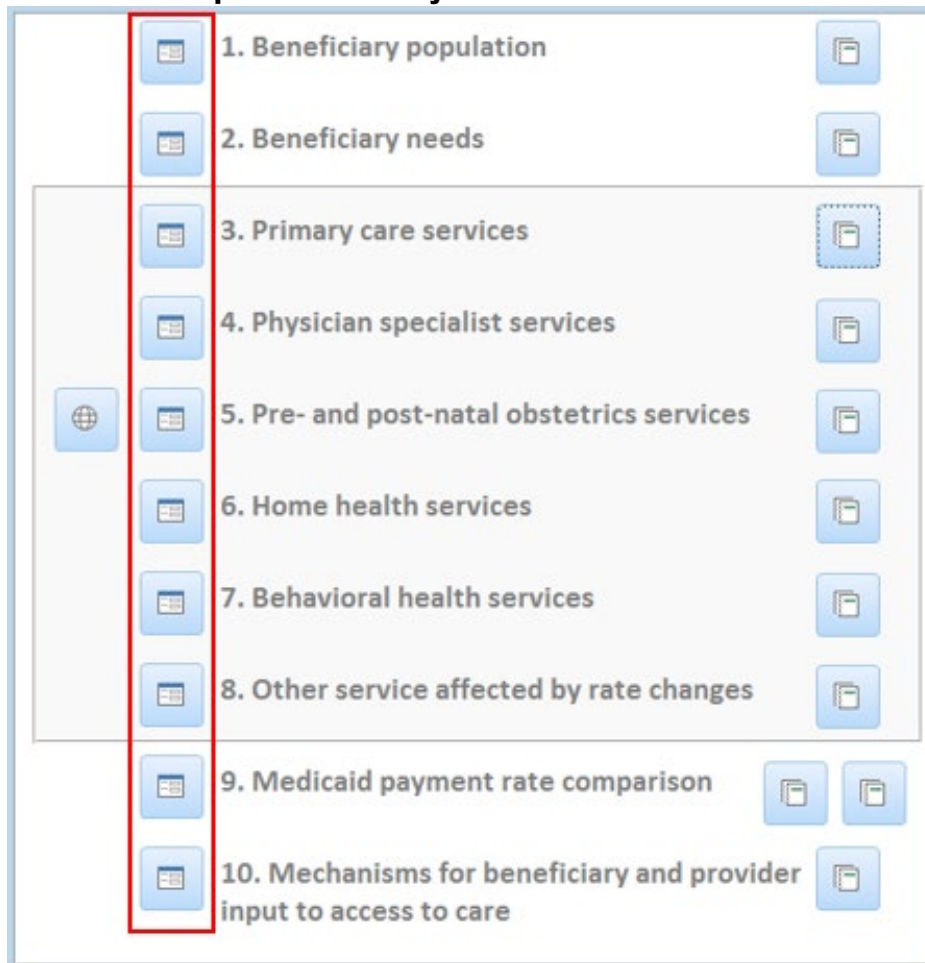
State/territory drop-down menu

Select the state/territory you are reporting data on from the State/Territory drop-down menu.

Figure 3: Screenshot of the state/territory drop-down menuA screenshot of a web form with a label "State/Territory:" followed by a text input field and a downward-pointing arrow icon, indicating a drop-down menu.

Templates

Click on the data entry icons to open each template and enter data. Each template contains a series of measures associated with specific topics related to access to care. For detailed guidance on template measures, please refer to the Medicaid Access Resource Manual.

Figure 4: Screenshot of template's data entry buttonsA screenshot of a list of ten data entry templates. Each item consists of a blue icon with a calendar, a text label, and a blue icon with a document. A red rectangular box highlights the first three items: "1. Beneficiary population", "2. Beneficiary needs", and "3. Primary care services". The third item, "3. Primary care services", is also highlighted with a dashed blue border. The list continues with "4. Physician specialist services", "5. Pre- and post-natal obstetrics services", "6. Home health services", "7. Behavioral health services", "8. Other service affected by rate changes", "9. Medicaid payment rate comparison", and "10. Mechanisms for beneficiary and provider input to access to care".

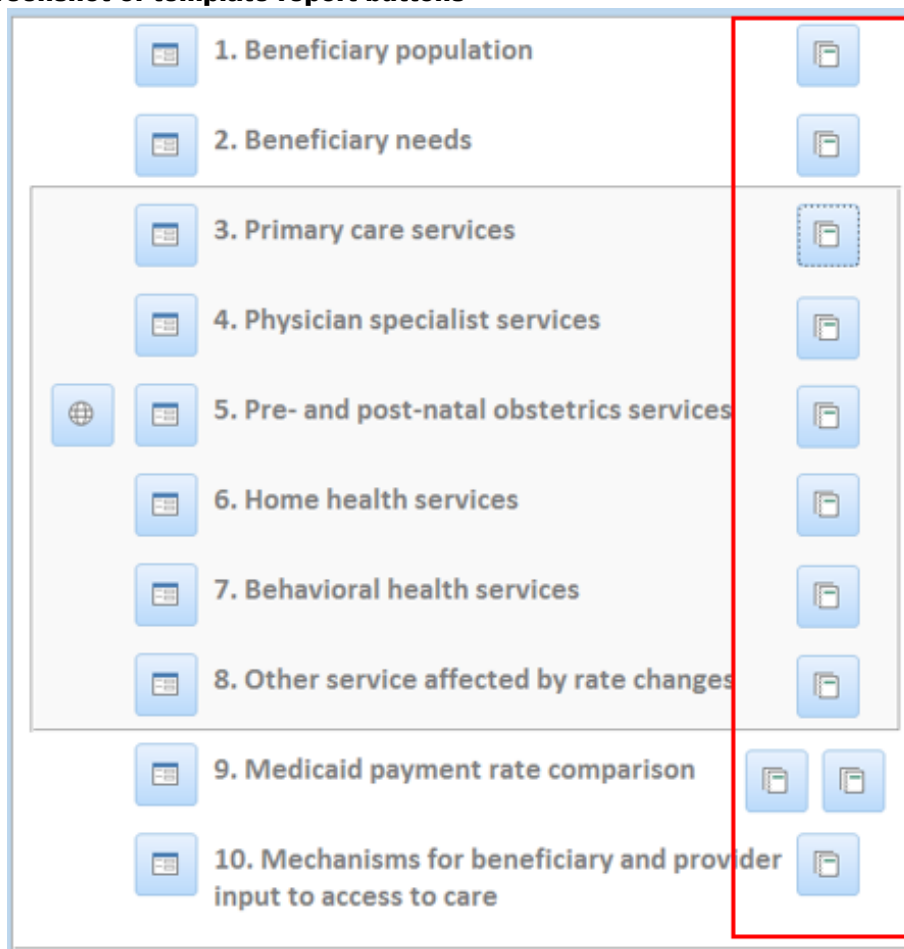
The Medicaid Access Data Collection Tool includes the following templates:

1. **Beneficiary population:** Use this template to report information about the beneficiary population.
2. **Beneficiary needs:** Use this template to report information about beneficiary health needs.
3. **Primary care services:** Use this template to report information about the availability and utilization of primary care services and primary care dental services.

4. **Physician specialist services:** Use this template to report information about the availability and utilization of physician specialist services.
5. **Pre- and post-natal obstetrics services:** Use this template to report information about the availability and utilization of pre- and post-natal obstetrical services.
6. **Home health services:** Use this template to report information about the availability and utilization of home health services.
7. **Behavioral health services:** Use this template to report information about the availability and utilization of behavioral health services.
8. **Other service categories affected by rate changes:** Use this template to report information about the availability and utilization of any service affected by a rate change.
9. **Medicaid payment rate comparison:** Use this template to report information about Medicaid payment rates compared to other payment rates.
10. **Mechanisms for beneficiary and provider input to access to care:** Use this template to report information about beneficiary and provider feedback to the state/territory on access to care.

Template reports

After you have entered the measure data into the templates, click the report icons to review the data you entered.

Figure 5: Screenshot of template report buttons

Each template report presents the data you entered for your state on all measures, consolidated into a format suitable for review. Some template reports will also contain calculations. Please see Section C of this guide for more information about the calculations.

To export report content, select the “Export to PDF” button in the top right hand corner of each template report. The report will be saved as a pdf with a default file name in the same location as the tool. Users can rename the file and move it to an alternative location once it is saved. The default file names are as follows:

Template Report	Default Template Report File Name (date will reflect the time that the pdf was created)
Template 1	Template 1 Report_MM-DD-YYYY_hhmmss.pdf
Template 2	Template 2 Report_MM-DD-YYYY_hhmmss.pdf
Template 3	Template 3 Report_MM-DD-YYYY_hhmmss.pdf
Template 4	Template 4 Report_MM-DD-YYYY_hhmmss.pdf
Template 5	Template 5 Report_MM-DD-YYYY_hhmmss.pdf
Template 6	Template 6 Report_MM-DD-YYYY_hhmmss.pdf
Template 7	Template 7 Report_MM-DD-YYYY_hhmmss.pdf

Template Report	Default Template Report File Name (date will reflect the time that the pdf was created)
Template 8	Template 8 Report_MM-DD-YYYY_hhmmss.pdf
Template 9 (Compare by CPT)	Template 9 Report_Rate Compare by CPT_MM-DD-YYYY_hhmmss.pdf
Template 9 (Compare by Service Type)	Template 9 Report_Aggregate Rate Compare by Service Type_MM-DD-YYYY_hhmmss.pdf
Template 10	Template 10 Report_MM-DD-YYYY_hhmmss.pdf

Figure 6: Screenshot of the Template 3 report

[Export To PDF](#)

Template 3: Primary care services

State: Northern Mariana Islands

Does the state have a fee-for-service population for which the service category applies? Yes

Explain why the service category does not apply:

Please define what is included in this service type:

Please indicate whether your state has sufficient access under Section 1902(a)30(A): No

Please provide an explanation for sufficient or non-sufficient access in your state:

Will the state submit an addendum to this data collection template? Yes

Number of providers enrolled in Medicaid (CAM)

Service Provider: Dentistry

Geographic Region: North

Year #1	Value	Year #2	Value	Year #3	Value
2010	21	2011	65	2012	65

Data Source: Data Source Other Specify:

Describe the data sources, methodologies, baselines, assumptions, trends, factors, and thresholds:

Service Provider: Dentistry

Geographic Region: Statewide

Year #1	Value	Year #2	Value	Year #3	Value
2010	2	2011	2	2012	2

Data Source: Data Source Other Specify:

Describe the data sources, methodologies, baselines, assumptions, trends, factors, and thresholds:

Geographic regions

For Templates 3 through 8, you may specify the geographic regions you are reporting measures on for your state. The default geographic area for each measure is “statewide.” The addition of more geographic regions is optional.

If you wish to include measures at additional geographic levels, click on the globe icon to open the geographic regions form. You may access the geographic regions form from the main menu or from within individual templates.

Figure 7: Screenshot of the geographic region button for Templates 3–8



On the geographic regions form, type in the name of the geographic region (for example, county name or other state-defined geographic area), then click the [+] Add button. States may add more than one geographic region. If you select the option to add geographic regions, then each template from 3–8 will give you an option to enter data for each geographic region you define for your state. States may choose to report measures for one or more geographic regions.

Figure 8: Screenshot of geographic regions form with Add button highlighted

If you wish to remove a geographic region, select the name of the region and click on the [X] Remove Selected button. If you select the option to remove a geographic region, all measure data that have been entered for that region will be deleted from the tool. States may not remove the statewide geographic region from the template.

Figure 9: Screenshot of geographic regions form with Remove Selected button highlighted

Geographic Regions

Geographic Regions

Please add any geographic regions for which the state is reporting data. Not all measures need to be reported at all geographic levels. The state can remove any geographic region and its associated data by selecting the "Remove Selected" button.

Add Geographic Region: [+] Add

CountyName1
Statewide

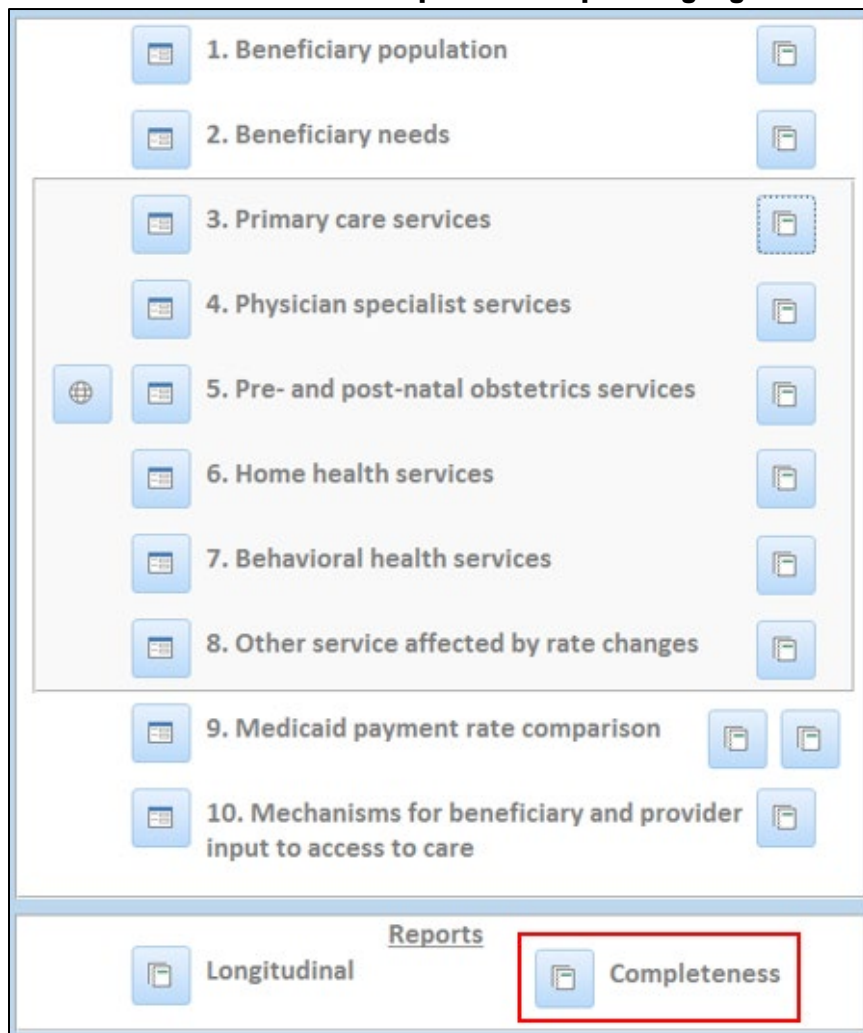
[X] Remove Selected

Once you have entered all the geographic regions you are reporting on, click on the [X] at the top right side of the geographic regions form to close the form and return to the main menu or selected template.

Completeness reports

Click the completeness reports icon to verify the completion status of all measures for each template. Please refer to Section C for more information about the completeness reports.

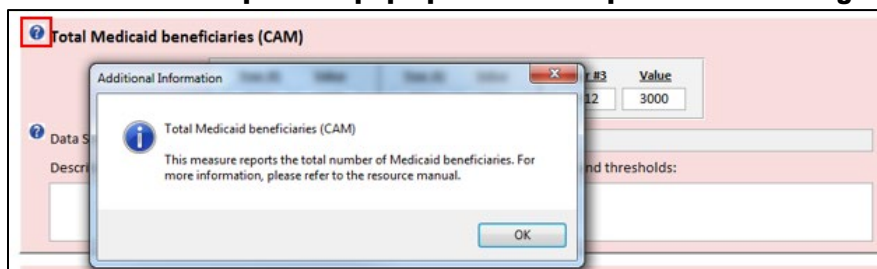
Figure 10: Screenshot of main menu with completeness reports highlighted



Helper text

Throughout the tool, use the question mark icons to access additional information about the tool and measures.

Figure 11: Screenshot of the helper text pop-up with the helper text button highlighted



B. DATA ENTRY

B1. Entering data

Resource manual

Each measure in each template is defined and specified in the resource manual. You should use the resource manual as a companion guide to the data collection templates.

Measures: core, optional core, and additional

Each measure in the template is given a value of (CAM), (OCAM), or (A), which appears after its name. These values tell the user whether a measure is core access measure (CAM), optional core access measure (OCAM), or additional (A). Core access measures must be finished before the template is considered complete. Optional core access measures are core access measures that are required, but that your state has choices in what you can report in order for your template to be complete. More information about optional core access measures can be found below. Finally, additional measures are optional for states to report. The measures are color-coded in the templates help you identify core, optional core, and additional measures. Core access measures have a red background, optional core access measures have a yellow background, and additional measures have a green background.

For the optional core access measures, states can decide which ones to submit. Please see below for the reporting options.

1. Number of FFS Medicaid beneficiaries by subcategory (OCAM), Template 1: States can choose to report the number of FFS Medicaid beneficiaries for at least one subcategory for each of the three populations. For example, the pediatric population can be reported for each age subcategory, but the adult population can be reported for each income subcategory. As long as one subcategory is completed for each population, then the measure can be considered complete.
2. Level of participation for Medicaid-enrolled providers (OCAM), Template 3, 4, 5, 6, 7, and 8: States have two options for reporting level of participation. Option 1 is the Number of billing (active) Medicaid-enrolled providers (OCAM). Option 2 would involve completing the following three measures: Level of participation among Medicaid-enrolled providers—active (OCAM), Level of participation among Medicaid-enrolled providers—limited (OCAM), and Level of participation among Medicaid-enrolled providers—inactive (OCAM). Please refer to the resource manual for more information about these measures.

Measure forms

The templates use four types of measure forms to collect and store data. Each type of measure form is defined below.

Measure form 1: one value for three years. States will submit one value for three years for any measure using measure form 1. You must submit values for all three years for any measures using measure form 1 to be considered complete. Your state must specify the data source for its values and provide any additional information you deem pertinent for the measure. This includes describing the methods, baselines, assumptions, trends, factors, or thresholds associated with the

measure. In the event that the state’s description of the measure exceeds 65,536 characters, please submit the additional description as an addendum.

Figure 12: Screenshot of measure form 1

Total Medicaid beneficiaries (CAM)

Year #1	Value	Year #2	Value	Year #3	Value

Data Source:

Describe the data sources, methodologies, baselines, assumptions, trends, factors, and thresholds:

Measure form 2: three values for three years. States will submit one value for three years for each of three populations—pediatric, adult, and individuals with disabilities. You must submit values for all three years and all three populations for your state’s submission to be considered complete. You must also specify the data source for your state’s values and provide any additional information you deem pertinent for the measure—including your state’s definition for each of the populations. This includes describing the methods, baselines, assumptions, trends, factors, or thresholds associated with the measure. If your state’s description of the measure exceeds 65,536 characters, please submit the additional description as an addendum.

Figure 13: Screenshot of measure form 2

Medicaid FFS beneficiaries in the following three populations: pediatric, adult, and individuals with disabilities (CAM)

	Year #1	Value	Year #2	Value	Year #3	Value
Pediatric						
Adults						
Individuals with Disabilities						

Data Source:

Describe the data sources, methodologies, baselines, assumptions, trends, factors, and thresholds:

Measure form 3, multiple values for three years: States will submit multiple values for three years for each of the three populations—pediatric, adult, and individuals with disabilities. You must submit values for all three years and all three populations for these measures to be considered complete. However, you may specify the subcategories for each of the populations and to report different subcategories for different populations. You should use the tabs at the top to switch between the age, gender, income, race/ethnicity, language, and other categories to report the number of beneficiaries for the different categories. You must specify the data source for your state’s values and provide any additional information you deem pertinent for the measure—including your state’s definition for each of the populations. This includes describing the methods, baselines, assumptions, trends, factors, or thresholds associated with the measure. If

your state's description of the measure exceeds 65,536 characters, please submit the additional description as an addendum.

Figure 14: Screenshot of measure form 3

Number of FFS Medicaid beneficiaries by subcategory (OCAM)

Age
Gender
Income
Race/Ethnicity
Language
Other

Age

Pediatric

☐ Not reporting data for this Combination

	Year #1	Year #2	Year #3
Option/Feature	Value	Value	Value

Adults

☐ Not reporting data for this Combination

	Year #1	Year #2	Year #3
Option/Feature	Value	Value	Value

Individuals with Disabilities

☐ Not reporting data for this Combination

	Year #1	Year #2	Year #3
Option/Feature	Value	Value	Value

Measure form 4: five values for three years: States will submit five values for three years. You must submit all five values for all three years for these measures to be considered complete. You must also specify the data source for your state's values and provide any additional information you deem pertinent for the measure. This includes describing the methods, baselines, assumptions, trends, factors, or thresholds associated with the measure. If your state's description of the measure exceeds 65,536 characters, please submit the additional description as an addendum.

Figure 15: Screenshot of measure form 4

Top five physical clinical conditions by prevalence - pediatric (CAM)

	Year #1	Value	Year #2	Value	Year #3	Value
1.						
2.						
3.						
4.						
5.						

Data Source: **Please Specify:**

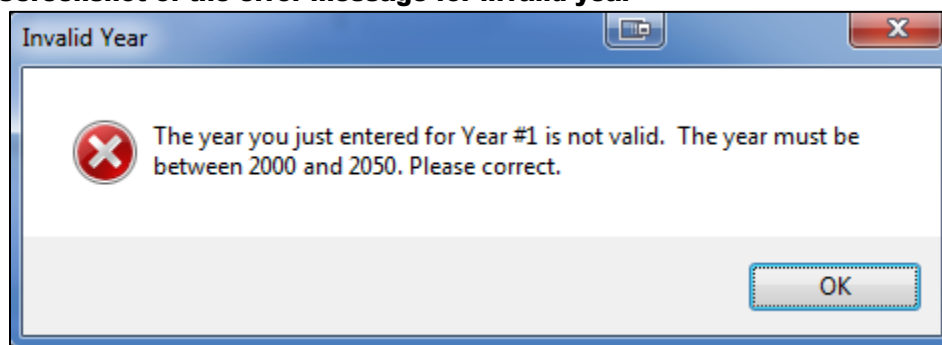
Describe the data sources, methodologies, baselines, assumptions, trends, factors, and thresholds:

Data Entry by Multiple Users

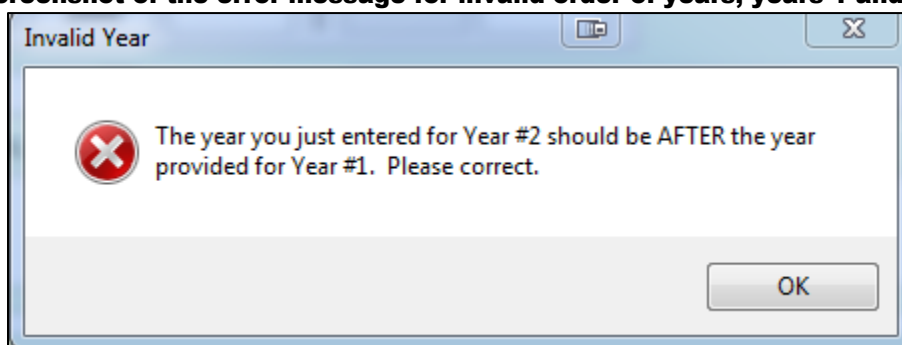
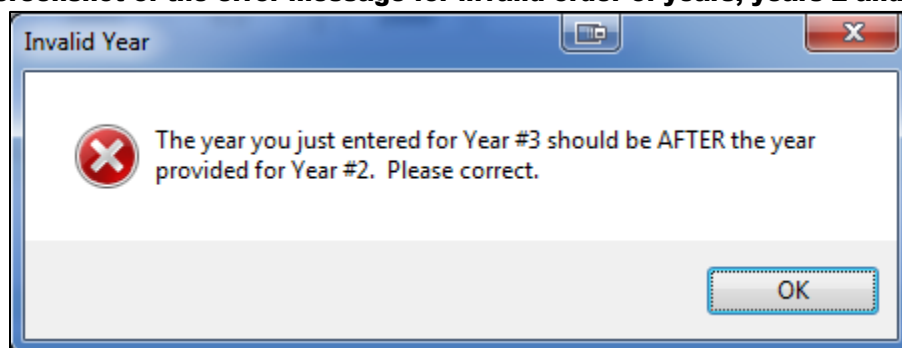
Multiple users may enter data into the tool, but all users must enter data into the same file. For example, if Sally enters data into Templates 1 and 2 and John is responsible for entering data into Templates 3-7, either Sally or John should enter their data first (the order of data entry does not matter), and then send the database with their data to the other person to complete the data entry for their section(s). If Sally downloads a blank copy of the tool to her desktop and John downloads a blank copy of the tool to his desktop and they both enter data in their own separate files, the tool does not support merging the data together once they have completed their respective sections in separate files. Instead, if Sally enters her data first, she should either email the file with her data to John or place it in a shared location that John can access to download the file to his machine to complete his portion of the data entry.

B2. Validating data**Validating year**

When entering data into the year fields, two checks are made. First, the value for the year must be between 2000 and 2050. Otherwise, you will see the following error message.

Figure 16: Screenshot of the error message for invalid year

Second, the value for Year #2 must be later than the value for Year #1. In addition, the value for Year #3 must be later than the value for Year #2. If you do not follow this order, you will see the following error messages.

Figure 17: Screenshot of the error message for invalid order of years, years 1 and 2**Figure 18: Screenshot of the error message for invalid order of years, years 2 and 3**

Validating whole numbers

When you enter data into the following measure fields, the tool will not accept values that are negative or include decimals. This is because these measures are whole number counts. If you do enter a value that is negative or contains a decimal, the tool will ignore that keystroke, and there will be no error message.

Table 1. List of whole number measures with their template locations

Measure name	Templates
Total Medicaid beneficiaries (CAM)	1
Total Medicaid FFS beneficiaries (CAM)	1
Total Medicaid Managed Care Organizations beneficiaries (CAM)	1
Medicaid FFS beneficiaries in the following three populations: pediatric, adult, and individuals with disabilities (CAM)	1
Number of FFS Medicaid beneficiaries by subcategory (OCAM)	1
Number of providers enrolled in Medicaid (CAM)	3, 4, 5, 6, 7, 8
Number of licensed providers (CAM)	3, 4, 5, 6, 7, 8
Number of billing (active) Medicaid-enrolled providers (OCAM)	3, 4, 5, 6, 7, 8
Level of participation among Medicaid-enrolled providers—active (OCAM)	3, 4, 5, 6, 7, 8
Level of participation among Medicaid-enrolled providers—limited (OCAM)	3, 4, 5, 6, 7, 8
Level of participation among Medicaid-enrolled providers—inactive (OCAM)	3, 4, 5, 6, 7, 8
Number of beneficiaries served (CAM)	3, 4, 5, 6, 7, 8
Number of providers who billed CPT or modifier codes indicating they saw new clients for this provider type (CAM)	3, 4, 5, 6, 7, 8
Number of Health Professional Shortage Regions (HPSAs) (A)	3, 7
Number of services delivered to Medicaid beneficiaries by provider type (CAM)	3, 4, 5, 6, 7, 8
Number of Medicaid beneficiaries who use telemedicine services (A)	3, 4, 5, 6, 7, 8
Number of telemedicine services provided to Medicaid beneficiaries (A)	3, 4, 5, 6, 7, 8

Validating percentages

When you are entering data into the following measure fields, the value box will not accept values that are negative or values greater than 1. This is because these measures are percentages and require the user to enter a value between 0 and 1. To enter percentages, for these measures you may enter the value in decimal form (for example, 0.675) or in percentage form (for example, 67.5%). Both values will be accepted.

Table 2. List of percentage measures with their template locations

Measure name	Templates
When you needed care right away, how often did you get care as soon as you needed? (CAM)	2
When your child needed care right away, how often did your child get care as soon as you thought he or she needed it? (CAM)	2
How often did you get an appointment for routine care at a doctor's office or clinic as soon as you needed? (CAM)	2
How often did you get an appointment to see a specialist as soon as you needed? (CAM)	2
Were you ever not able to get medical care, tests, or treatments you or your doctor believed necessary? (CAM)	2
Composite score for getting needed care (A)	3, 4, 5, 6, 7, 8
Ease of referral for Medicaid patients (A)	4, 5, 6, 7, 8
Able to schedule appointment by provider type (A)	3, 4, 5, 6, 7, 8
Appointments within compliance standards by provider type (A)	3, 4, 5, 6, 7, 8
Unable to schedule appointment by provider type (A)	3, 4, 5, 6, 7, 8
Appointments within compliance standards for routine appointments by provider type (A)	3, 4, 5, 6, 7, 8
Appointments within compliance standards for urgent appointments by provider type (A)	3, 4, 5, 6, 7, 8
Contact made by provider type for routine appointments (A)	3, 4, 5, 6, 7, 8

Measure name	Templates
Contact made by provider type for urgent appointments (A)	3, 4, 5, 6, 7, 8
Pediatric access to preventive and ambulatory care (A)	3
Adults' access to preventive and ambulatory care (A)	3
Individuals with disabilities' access to preventive and ambulatory care (A)	3
Breast cancer screening (A)	3
Pediatric annual dental visits (A)	3
Adult annual dental visits (A)	3
Individuals with disabilities' annual dental visits (A)	3
Well-child visits in the first 15 months of life (A)	3
Well-child visits in the third, fourth, fifth, and sixth years of life (A)	3
Adolescent well-care visits (A)	3
Percentage of deliveries that had at least one timely prenatal visit (A)	5
Percentage of deliveries that had at least one timely postnatal visit (A)	5
Proportion of women who received early and adequate prenatal care (A)	5

These measures are easy to identify in the templates, because they have a % symbol in their measure form. See example below.

Figure 19: Screenshot of a percentage measure

When you needed care right away, how often did you get care as soon as you needed? (CAM)

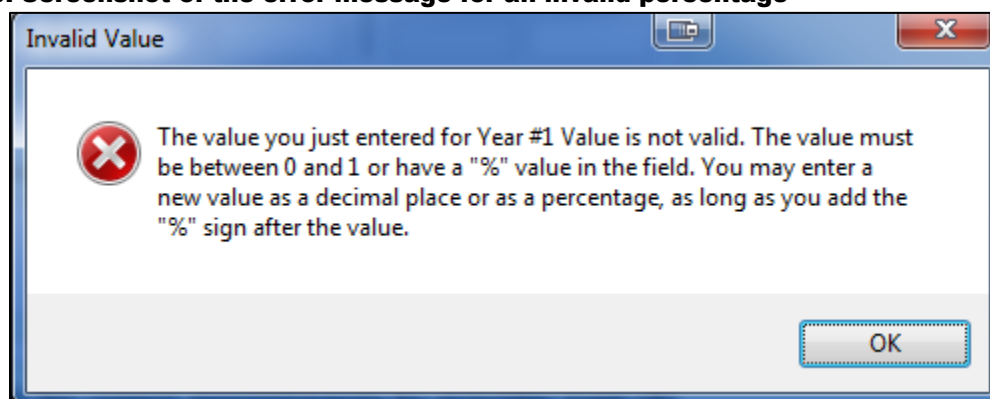
Year #1	Value	Year #2	Value	Year #3	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Data Source: **Please Specify:**

Describe the data sources, methodologies, baselines, assumptions, trends, factors, and thresholds:

If you do enter a negative value, the tool will ignore that keystroke, and there will be no error message. If you enter a value greater than 1, the following error message will pop up.

Figure 20: Screenshot of the error message for an invalid percentage



B3. Template-specific instructions

Templates 1 and 2

Templates 1 and 2 do not have any specific reporting instructions. Please refer to Section

B1. Entering data, for instructions on entering data in standard data entry forms.

Templates 3–8

Templates 3–8 share a parallel reporting structure, though the individual measures collected vary from one to the next. Templates 3–8 each include four tabs on the template launcher page:

1. **Fee-for-service:** Use this tab to indicate whether the state has a fee-for-service population the service area applies to. If the state does not have a fee-for-service population that the service area applies to, please use the first text entry box to explain why the service area does not apply. If the state does not have a fee-for-service population that the service area applies to, you do not need to enter data in the rest of the template. If the state does have a fee-for-service population that the service area applies

to, please define what is included in the service area type, and then proceed to the Provide Data tab.

Figure 21: Screenshot of the Fee-for-Service tab

The screenshot shows a web application window titled "Templates 3 Through 8 Sub Menu". The main heading is "3. Primary care services". Below the heading is a paragraph of instructions: "In this template, we will collect information about availability and utilization of primary care services and primary care dental services. First, please answer the question on the fee-for-service tab. If there is no fee-for-service population for this service type, you will not need to fill out the template. Second, please provide data for each provider type and geographic area that has data. Finally, in the Access tab, indicate whether there is sufficient access for this service type and in the Addendum tab, indicate whether an addendum will be submitted in addition to the template. Please complete each tab prior to the submission of the template to CMS."

Below the instructions are four tabs: "Fee-for-Service", "Provide Data", "Access", and "Addendum". The "Fee-for-Service" tab is selected. It contains a question: "Does the state have a fee-for-service population for which the service category applies?" with a dropdown menu showing "Yes". Below the question is a text area labeled "Explain why the service category does not apply." and another text area labeled "Please define what is included in this service type."

2. **Provide data:** Use this tab to select the service provider type and geographic region you wish to report on, then click Launch Data Entry Template.

Figure 22: Screenshot of template launcher page

3. Primary care services

In this template, we will collect information about availability and utilization of primary care services and primary care dental services. First, please answer the question on the fee-for-service tab. If there is no fee-for-service population for this service type, you will not need to fill out the template. Second, please provide data for each provider type and geographic area that has data. Finally, in the Access tab, indicate whether there is sufficient access for this service type and in the Addendum tab, indicate whether an addendum will be submitted in addition to the template. Please complete each tab prior to the submission of the template to CMS.

Fee-for-Service Provide Data Access Addendum

Service Providers

Dentistry
 Family Practice
 Federally qualified health centers
 General Practice
 Geriatric Medicine
 Indian Health Service facility
 Internal Medicine
 Nurse Practitioner
 Other
 Pediatric Medicine
 Physician Assistant
 Primary care clinics

State Geographic Regions

CountyName1
 Statewide

Launch Data Entry Template

Once the data entry template has launched, enter the data for the measures on each tab. Each data entry form includes labels at the top to indicate which combination of service provider and geographic region is represented by the data entered in that form.

Figure 23: Screenshot of data entry template for Template 3

Template 3

3. Primary care services

Service Provider:
Internal Medicine

Geographic Region:
Statewide

Availability
Availability (cont.)
Availability (cont.)
Availability (cont.)
Utilization
Utilization (cont.)
Utilization (cont.)
Optional Measures

? Number of providers enrolled in Medicaid (CAM)

Year #1	Value	Year #2	Value	Year #3	Value

? Data Source:
Please Specify:

Describe the data sources, methodologies, baselines, assumptions, trends, factors, and thresholds:

? Number of licensed providers (CAM)

Year #1	Value	Year #2	Value	Year #3	Value

? Data Source:
Please Specify:

Describe the data sources, methodologies, baselines, assumptions, trends, factors, and thresholds:

? Number of billing (active) Medicaid-enrolled providers (OCAM)

Year #1	Value	Year #2	Value	Year #3	Value

? Data Source:
Please Specify:

Describe the data sources, methodologies, baselines, assumptions, trends, factors, and thresholds:

Repeat these steps for each combination of service provider type and geographic region that you wish to report. Once you have entered data for all combinations of service provider types and geographic regions, proceed to the Access tab.

3. **Access:** Use this tab to indicate whether access is sufficient for the selected service area as defined by Section 1902(a)30(A) of the Social Security Act. Select yes or no from the drop down menu, then provide an explanation for sufficient or non-sufficient access in the text entry field (shown in the screenshot below).

Figure 24: Screenshot of Access tab

8. Other services affected by rate changes

In this template, we will collect information about availability and utilization of any service affected by a rate change. First, please answer the question on the fee-for-service tab. If there is no fee-for-service population for this service type, you will not need to fill out the template. Second, please provide data for each provider type and geographic area that has data. Finally, in the Access tab, indicate whether there is sufficient access for this service type and in the Addendum tab, indicate whether an addendum will be submitted in addition to the template. Please complete each tab prior to the submission of the template to CMS.

Fee-for-Service Provide Data **Access** Addendum Rate Change

Please indicate whether your state has sufficient access under Section 1902(a)30(A). No

Please provide an explanation for sufficient or non-sufficient access in your state.

4. **Addendum:** Use this tab to indicate whether your state will submit an addendum to the selected data collection template. You will submit any addendums to CMS when you submit the state's Medicaid Access Data Collection Tool.

Figure 25: Screenshot of Addendum tab

3. Primary care services

In this template, we will collect information about availability and utilization of primary care services and primary care dental services. First, please answer the question on the fee-for-service tab. If there is no fee-for-service population for this service type, you will not need to fill out the template. Second, please provide data for each provider type and geographic area that has data. Finally, in the Access tab, indicate whether there is sufficient access for this service type and in the Addendum tab, indicate whether an addendum will be submitted in addition to the template. Please complete each tab prior to the submission of the template to CMS.

Fee-for-Service Provide Data Access **Addendum**

Will the state submit an addendum to this data collection template?

Once all four tabs are complete, click the [X] at the top right side of the form to close the form and return to the main menu.

Template 9

Use Template 9 to report Medicaid payment rate comparison data. For detailed guidance on reporting payment rate comparisons, please refer to the Payment Rate Resource Toolkit.

However, before you submit the payment rate data, please answer the following questions, which you will find on the landing page. The first question is about whether primary care dental rates are included in the primary care rates. This is required in the final rule by CMS. The second question is on whether any of the state's Medicaid payment rates are affected by a rate change. If they are, then you will be prompted to give the state plan amendment (SPA) transmittal number and date. You will also be prompted to share your state's method for identifying changes in Medicaid access, monitoring that access, and addressing those changes through corrective action procedures.

Figure 26: Screenshot of data import options

9. Medicaid payment rate comparison

In this template, we will collect information about Medicaid payment rates compared to other payment rates. This information will be collected at a CPT and a service type level. Users may use one of two options to submit the Medicaid payment rate comparison data. The first option is the Medicaid Payment Rate Comparison Tool (referenced in the user guide). The second option is a standardized data collection form in this template. Please reach out to the technical support team if neither option applies to the user's data. More information is found in the user guide.

Manually Enter Data

Remove Manually Entered Data

Import Data

Remove Imported Data

Rate Change

Are primary care dental rates included in the primary care rates? Yes ▼

Have any of these services been affected by a rate change in the past three years? No ▼

SPA Transmittal Number:

SPA Effective Date:

Describe the state's specific methods for identifying changes in access and specify thresholds for detecting meaningful changes.

Describe the state's monitoring and corrective action procedures.

Will the state submit an addendum to this data collection template? Yes ▼

Template 9 supports two options for Medicaid payment rate comparison reporting:

1. **Option 1: Import Data.** Import data from the Excel-based Medicaid Payment Rate Comparison Tool. This tool allows you to enter payment rate data from Medicaid, Medicare, and other payer sources, and transform those data into percentage comparisons for reporting in Medicaid Access plans. This option is recommended for states that have not determined their own methodology for reporting payment rate comparisons. Follow the below steps to use the Medicaid Payment Rate Comparison Tool:
 - Step 1. Access the tool by emailing CMS, MedicaidAccessToCare@cms.hhs.gov.

- Step 2. Enter data into the Medicaid Payment Rate Comparison Tool, as described in the Medicaid Access Payment Rate Comparison Tool User Guide. You can access this tool by emailing CMS, MedicaidAccessstoCare@cms.hhs.gov.
 - Step 3. Submit the data by clicking Generate Aggregate Table and Charts on the summary tab of the tool to produce the results file.
 - Step 4. Save the data.
 - Step 5. Import the Medicaid Access Payment Rate Comparison Tool results file into Template 9.
2. **Option 2: Manually enter data.** Manually enter payment rate comparison data into Template 9. You will be asked to provide the time frame for which you are submitting payment data, the commercial sources your state is using as comparisons, and the percentage payment rate comparison for each procedure code, as well as aggregated to the service type. To aggregate payment rate comparison data, please refer to the Medicaid Access Payment Rate Comparison Tool User Guide and Resource Toolkit. These documents can be requested from CMS, MedicaidAccessstoCare@cms.hhs.gov.

Template 10

Use Template 10 to describe how your state will collect and analyze information about beneficiary and provider input on access to care. Enter text into the following three text entry fields. If the submitted text exceeds 65,536 characters, please use an addendum to finish the submission.

1. Define mechanisms for receiving feedback.
2. Specify the types of provider and beneficiary feedback data the state collects or intends to collect.
3. Define an analysis plan based on the data to be collected.

Please also indicate whether your state will submit an addendum to the information reported in Template 10.

For additional guidance on the information reported in Template 10, please refer to the Medicaid Access Resource Manual.

C. REPORT GENERATION

C1. Reports and calculations

Template reports

Each data collection template has a corresponding report. These reports are just another way to review and check over your state's data submission. The report will contain measures for which your state has provided a value for at least Year #1 along with their associated values. Please note that figures representing percentage values are displayed exactly as entered in the template. A value of 0.1 representing 10%, for example, will be displayed in the reports as 0.1.

Templates 1, 2, 9, and 10 are straightforward. The data presented in those reports are in the same order they are in on the data collection templates. Please note that template 9 has two reports. The first includes rate comparisons by CPT code. The second includes rate comparisons aggregated by service type.

Figure 27: Screenshot of Template 1 report

[Export To PDF](#)

Template 1: Beneficiary population

State: Northern Mariana Islands

Total Medicaid beneficiaries (CAM)

Year #1	Value	Year #2	Value	Year #3	Value
2010	1000	2011	2000	2012	3000

Data Source: _____ Data Source Other Specify: _____
 Describe the data sources, methodologies, baselines, assumptions, trends, factors, and thresholds: _____

Total Medicaid FFS beneficiaries (CAM)

Year #1	Value	Year #2	Value	Year #3	Value
2010	1000	2011	2000	2012	3000

Data Source: _____ Data Source Other Specify: _____
 Describe the data sources, methodologies, baselines, assumptions, trends, factors, and thresholds: _____

Total Medicaid Managed Care Organizations beneficiaries (CAM)

Year #1	Value	Year #2	Value	Year #3	Value
2010	1000	2011	2000	2012	3000

Data Source: _____ Data Source Other Specify: _____
 Describe the data sources, methodologies, baselines, assumptions, trends, factors, and thresholds: _____

Templates 3–8 are more complicated because those reports need to show measure information for each geographic region and provider type. As a result, those reports are organized in the following hierarchy: at a measure level, at a provider type level, and at a geographic region level.

Figure 28: Screenshot of Template 3 report

[Export To PDF](#)

Template 3: Primary care services

State: Northern Mariana Islands

Does the state have a fee-for-service population for which the service category applies? Yes
 Explain why the service category does not apply:

Please define what is included in this service type:

Please indicate whether your state has sufficient access under Section 1902(a)30(A): No
 Please provide an explanation for sufficient or non-sufficient access in your state:

Will the state submit an addendum to this data collection template? Yes

Number of providers enrolled in Medicaid (CAM)

Service Provider: Dentistry
 Geographic Region: North

Year #1	Value	Year #2	Value	Year #3	Value
2010	21	2011	65	2012	65

Data Source: Data Source Other Specify:
 Describe the data sources, methodologies, baselines, assumptions, trends, factors, and thresholds:

Service Provider: Dentistry
 Geographic Region: Statewide

Year #1	Value	Year #2	Value	Year #3	Value
2010	2	2011	2	2012	2

Data Source: Data Source Other Specify:
 Describe the data sources, methodologies, baselines, assumptions, trends, factors, and thresholds:

At the end of these reports, there will be calculations. These calculations are specified below. In order for a calculation to appear on the report, the numerator and the denominator must match on year, provider type (if applicable), and geographic region (if applicable). If there is no matching numerator and denominator for a rate, then the calculation for the rate will not appear on the report.

Table 3. List of calculations that will appear on the template reports

Ratio/rate name	Template	Numerator	Denominator
Prevalence rate of the top five physical clinical conditions for the pediatric population	2	Top five physical clinical conditions by prevalence—pediatric (CAM)	FFS Medicaid beneficiaries in the following three populations: pediatric, adult, and individuals with disabilities (CAM)
Prevalence rate of the top five physical clinical conditions for the adult population	2	Top five physical clinical conditions by prevalence—adult (CAM)	FFS Medicaid beneficiaries in the following three populations: pediatric, adult, and individuals with disabilities (CAM)
Prevalence rate of the top five physical clinical conditions for the population of individuals with disabilities	2	Top five physical clinical conditions by prevalence—individuals with disabilities (CAM)	FFS Medicaid beneficiaries in the following three populations: pediatric, adult, and individuals with disabilities (CAM)
Prevalence rate of the top five behavioral health clinical conditions for the pediatric population	2	Top five behavioral health clinical conditions by prevalence—pediatric (CAM)	FFS Medicaid beneficiaries in the following three populations: pediatric, adult, and individuals with disabilities (CAM)
Prevalence rate of the top five behavioral health clinical conditions for the adult population	2	Top five behavioral health clinical conditions by prevalence—adult (CAM)	FFS Medicaid beneficiaries in the following three populations: pediatric, adult, and individuals with disabilities (CAM)
Prevalence rate of the top five behavioral health clinical conditions for the population of individual with disabilities	2	Top five behavioral health clinical conditions by prevalence—individuals with disabilities (CAM)	FFS Medicaid beneficiaries in the following three populations: pediatric, adult, and individuals with disabilities (CAM)
Ratio of enrolled providers to licensed providers	3, 4, 5, 6, 7, 8	Number of providers enrolled in Medicaid (CAM)	Number of licensed providers (CAM)
Ratio of billing providers to Medicaid-enrolled providers	3, 4, 5, 6, 7, 8	Number of billing (active) Medicaid-enrolled providers (OCAM)	Number of providers enrolled in Medicaid (CAM)
Ratio of active providers to Medicaid-enrolled providers	3, 4, 5, 6, 7, 8	Level of participation among Medicaid-enrolled providers—active (OCAM)	Number of providers enrolled in Medicaid (CAM)
Ratio of limited-participation providers to Medicaid-enrolled providers	3, 4, 5, 6, 7, 8	Level of participation among Medicaid-enrolled providers—limited (OCAM)	Number of providers enrolled in Medicaid (CAM)
Ratio of inactive providers to Medicaid-enrolled providers	3, 4, 5, 6, 7, 8	Level of participation among Medicaid-enrolled providers—inactive (OCAM)	Number of providers enrolled in Medicaid (CAM)
Ratio of Medicaid beneficiaries to Medicaid providers	3, 4, 5, 6, 7, 8	Number of beneficiaries served (CAM)	Number of providers enrolled in Medicaid (CAM)
Ratio of providers accepting new Medicaid patients to the number of billing (active) Medicaid-enrolled providers	3, 4, 5, 6, 7, 8	Number of providers who billed CPT or modifier codes indicating that they saw new clients for this provider type (CAM)	Number of billing (active) Medicaid-enrolled providers (OCAM)

Ratio/rate name	Template	Numerator	Denominator
Ratio of providers accepting new Medicaid patients to the number of active participation among Medicaid-enrolled providers	3, 4, 5, 6, 7, 8	Number of providers who billed CPT or modifier codes indicating that they saw new clients for this provider type (CAM)	Level of Participation Among Medicaid-Enrolled Providers—Active (OCAM)
Ratio of services to beneficiaries	3, 4, 5, 6, 7, 8	Number of services delivered to unique beneficiaries by provider type (CAM)	Number of beneficiaries served (CAM)

Completeness reports

There is one completeness report for each template. Each template's completeness report lists all the measures for the specified template, as well as text indicating whether data entry for each measure is complete or not complete. The complete status means that data have been entered for all years and population types for the specified measure. If status is not complete, at least one value for the specified measure—whether it be year or value—is missing.

Figure 29: Screenshot of the landing page for Completeness Reports



Figure 30: Screenshot of the Template 1 Completeness Report

Completeness Report		Northern Mariana Islands
Template 1. Beneficiary population		
Measure Name	Required	Status
Total Medicaid beneficiaries (CAM)	Required	Not Complete
Total Medicaid FFS beneficiaries (CAM)	Required	Complete
Total Medicaid Managed Care Organizations beneficiaries (CAM)	Required	Complete
Medicaid FFS beneficiaries in the following three populations: pediatric, adult, and individuals with disabilities (CAM)	Required	Not Complete
Number of FFS Medicaid beneficiaries by subcategory	Required	Complete
Other Measure 1 (A)	Optional	Complete
Other Measure 2 (A)	Optional	Complete
Will the state submit an addendum to this data collection template?	Required	Complete

Longitudinal reports

The purpose of the longitudinal report is to identify significant changes in individual measure values so states may easily identify data entry errors and/or valid value changes due to a policy change or a change in circumstances that the state might want to describe in the notes for that measure. The tool does not validate any of the values submitted in the templates. This report is simply one more way to review the data submitted by the state and to quickly identify any data-entry issues that might dramatically affect the quality of the data.

There is one longitudinal report for each template. Each template's longitudinal report lists all the measures for the specified template, as well as the population, geographic region, and service provider information, as applicable. Measures that include rankings such as "top 5" values for the specified measure are excluded from the longitudinal reports as rankings may not be comparable across multiple years.

The longitudinal report also includes the values entered for Year 1, Year 2, Year 3, and the percent change from Year 1 to Year 2 and Year 2 to Year 3. The percent change values are color coded to highlight the magnitude of the change according to the following categorizations:

- 50% or higher increase/decrease: Value is highlighted in red
- 30% - 49% increase/decrease: Value is highlighted in orange
- 20% - 29% increase/decrease: Value is highlighted in yellow
- 0% – 19% increase/decrease: Value is highlighted in green

Figure 31: Screenshot of Longitudinal Reports Menu

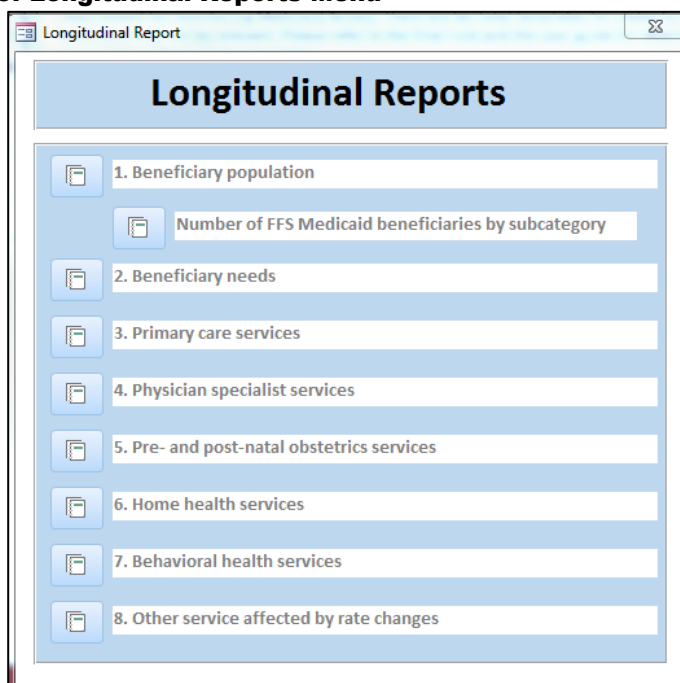


Figure 32: Screenshot of Longitudinal Report

Longitudinal Report			Northern Mariana Islands			
Template 2. Beneficiary needs						
Measure Name	Population	Year 1	Year 2	Year 3	% Change Year 1 to 2	% Change Year 2 to 3
When you needed care right away, how often did you get care as soon as you needed? (CAM)		0.1	0.3	0.5	200	67
When your child needed care right away, how often did your child get care as soon as you thought he or she needed? (CAM)		0.2	0.3	0.4	50	33
How often did you get an appointment for routine care at a doctor office or clinic as soon as you needed? (CAM)		0.5	0.6	0.15	20	-75
How often did you get an appointment to see a specialist as soon as you needed? (CAM)		0.4	0.2	0.6	-50	200
Were you ever not able to get medical care, tests or treatments you or your doctor believed necessary? (CAM)		0.5	0.6	0.5	20	-17
Other Measure 1 (A)		0.5	0.5	0.6	0	20
Other Measure 2 (A)		0.2	0.5	0.6	150	20
	Pediatric	0.2	0.5	0.6	150	20
	Individuals with Disabilities	0.4	0.25	0.3	-38	20
	Adults	0.3	0.5	0.4	67	-20

D. SAVING, EDITING, AND CLOSING THE TOOL

As you enter data into the tool, the data will automatically be saved to the database. If you need to edit data you submitted already, you simply open the relevant template, change the erroneous values, and close the template.

You should use the report functionality to review your data before submitting the templates to CMS. Reviewing the data in the different template reports may uncover errors in the template before you submit it. The completeness report will also tell you what data your state is missing in the template. Any measure with the status of in progress or incomplete should be addressed. Once the data are reviewed and deemed complete, you may send the entire Access database to CMS for your state's AMRP submission.

Finally, after you are finished and you save your entered measure data, simply click on the upper-left-hand X to close the Access window.

E. APPENDIX: LIST OF MEASURES BY TEMPLATE

The tables below indicate the measures available in each template. The letters (CAM), (OCAM), and (A) listed after each measure name indicate whether a measure is core (CAM), optional core (OCAM), or additional (A), as described in Section B under the heading Measures: core, optional core, and additional.

Table 4. Measures included in Template 1: Beneficiary Population

Template 1 measures
Total Medicaid beneficiaries (CAM)
Total Medicaid FFS beneficiaries (CAM)
Total Medicaid Managed Care Organizations beneficiaries (CAM)
Medicaid FFS beneficiaries in the following three populations: pediatric, adult, and individuals with disabilities (CAM)
Number of FFS Medicaid beneficiaries by subcategory (OCAM)
Other Measure 1 (A)
Other Measure 2 (A)

Table 5. Measures included in Template 2: Beneficiary Needs

Template 2 measures
Top five physical clinical conditions by prevalence—pediatric (CAM)
Top five physical clinical conditions by prevalence—adult (CAM)
Top five physical clinical conditions by prevalence—individuals with disabilities (CAM)
Top five behavioral health clinical conditions by prevalence—pediatric (CAM)
Top five behavioral health clinical conditions by prevalence—adult (CAM)
Top five behavioral health clinical conditions by prevalence—individuals with disabilities (CAM)
When you needed care right away, how often did you get care as soon as you needed to? (CAM)
When your child needed care right away, how often did your child get care as soon as you thought he or she needed it? (CAM)
How often did you get an appointment for routine care at a doctor office or clinic as soon as you needed to? (CAM)
How often did you get an appointment to see a specialist as soon as you needed to? (CAM)
Were you ever not able to get medical care, tests, or treatments you or your doctor believed necessary? (CAM)
Other Measure 1 (A)
Other Measure 2 (A)

Table 6. Measures included in Template 3: Primary Care Services

Template 3 measures
Number of providers enrolled in Medicaid (CAM)
Number of licensed providers (CAM)
Number of billing (active) Medicaid-enrolled providers (OCAM)
Level of participation among Medicaid-enrolled providers—active (OCAM)
Level of participation among Medicaid-enrolled providers—limited (OCAM)
Level of participation among Medicaid-enrolled providers—inactive (OCAM)

Template 3 measures
Number of beneficiaries served (CAM)
Number of providers who billed CPT or modifier codes indicating that they saw new clients for this provider type (CAM)
Composite score for getting needed care (A)
Number of Health Professional Shortage Regions (HPSAs) (A)
Average distance (in miles) to reach provider among beneficiaries (A)
Average driving time (in minutes) to reach provider among beneficiaries (A)
Able to schedule appointment by provider type (A)
Appointments within compliance standards by provider type (A)
Unable to schedule appointment by provider type (A)
Appointments within compliance standards for routine appointments by provider type (A)
Appointments within compliance standards for urgent appointments by provider type (A)
Contact made by provider type for routine appointments (A)
Contact made by provider type for urgent appointments (A)
Number of services delivered to Medicaid beneficiaries by provider type (CAM)
Number of Medicaid beneficiaries who use telemedicine services (A)
Number of telemedicine services provided to Medicaid beneficiaries (A)
Top five originating sites of telemedicine services provided to Medicaid beneficiaries (A)
Pediatric access to preventive and ambulatory care (A)
Adults' access to preventive and ambulatory care (A)
Individuals' with disabilities access to preventive and ambulatory care (A)
Breast cancer screening (A)
Pediatric annual dental visits (A)
Adult annual dental visits (A)
Individuals with disabilities annual dental visits (A)
Well-child visits in the first 15 months of life (A)
Well-child visits in the third, fourth, fifth, and sixth years of life (A)
Adolescent well-care visits (A)
Other Measure 1 (A)
Other Measure 2 (A)

Table 7. Measures included in Template 4: Physician Specialist Services

Template 4 measures
Number of providers enrolled in Medicaid (CAM)
Number of licensed providers (CAM)
Number of billing (active) Medicaid-enrolled providers (OCAM)
Level of participation among Medicaid-enrolled providers—active (OCAM)
Level of participation among Medicaid-enrolled providers—limited (OCAM)
Level of participation among Medicaid-enrolled providers—inactive (OCAM)
Number of beneficiaries served (CAM)
Number of providers who billed CPT or modifier codes indicating that they saw new clients for this provider type (CAM)
Composite score for getting needed care (A)
Ease of referral for Medicaid patients (A)
Average distance (in miles) to reach provider among beneficiaries (A)
Average driving time (in minutes) to reach provider among beneficiaries (A)

Template 4 measures
Able to schedule appointment by provider type (A)
Appointments within compliance standards by provider type (A)
Unable to schedule appointment by provider type (A)
Appointments within compliance standards for routine appointments by provider type (A)
Appointments within compliance standards for urgent appointments by provider type (A)
Contact made by provider type for routine appointments (A)
Contact made by provider type for urgent appointments (A)
Number of services delivered to Medicaid beneficiaries by provider type (CAM)
Number of Medicaid beneficiaries who use telemedicine services (A)
Number of telemedicine services provided to Medicaid beneficiaries (A)
Top five originating sites of telemedicine services provided to Medicaid beneficiaries (A)
Other Measure 1 (A)
Other Measure 2 (A)

Table 8. Measures included in Template 5: Pre- and Post-natal Obstetrics Services

Template 5 measures
Number of providers enrolled in Medicaid (CAM)
Number of licensed providers (CAM)
Number of billing (active) Medicaid-enrolled providers (OCAM)
Level of participation among Medicaid-enrolled providers—active (OCAM)
Level of participation among Medicaid-enrolled providers—limited (OCAM)
Level of participation among Medicaid-enrolled providers—inactive (OCAM)
Number of beneficiaries served (CAM)
Number of providers who billed CPT or modifier codes indicating that they saw new clients for this provider type (CAM)
Composite score for getting needed care (A)
Ease of referral for Medicaid patients (A)
Average distance (in miles) to reach provider among beneficiaries (A)
Average driving time (in minutes) to reach provider among beneficiaries (A)
Able to schedule appointment by provider type (A)
Appointments within compliance standards by provider type (A)
Unable to schedule appointment by provider type (A)
Appointments within compliance standards for routine appointments by provider type (A)
Appointments within compliance standards for urgent appointments by provider type (A)
Contact made by provider type for routine appointments (A)
Contact made by provider type for urgent appointments (A)
Number of services delivered to Medicaid beneficiaries by provider type (CAM)
Number of Medicaid beneficiaries who use telemedicine services (A)
Number of telemedicine services provided to Medicaid beneficiaries (A)
Top five originating sites of telemedicine services provided to Medicaid beneficiaries (A)
Percentage of deliveries that had at least one timely prenatal visit (A)
Frequency of ongoing prenatal care (A)
Percentage of deliveries that had at least one timely postnatal visit (A)
Proportion of women who received early and adequate prenatal care (A)
Other Measure 1 (A)
Other Measure 2 (A)

Table 9. Measures included in Template 6: Home Health Services

Template 6 measures
Number of providers enrolled in Medicaid (CAM)
Number of licensed providers (CAM)
Number of billing (active) Medicaid-enrolled providers (OCAM)
Level of participation among Medicaid-enrolled providers—active (OCAM)
Level of participation among Medicaid-enrolled providers—limited (OCAM)
Level of participation among Medicaid-enrolled providers—inactive (OCAM)
Number of beneficiaries served (CAM)
Number of providers who billed CPT or modifier codes indicating that they saw new clients for this provider type (CAM)
Composite score for getting needed care (A)
Ease of referral for Medicaid patients (A)
Average distance (in miles) to reach provider among beneficiaries (A)
Average driving time (in minutes) to reach provider among beneficiaries (A)
Able to schedule appointment by provider type (A)
Appointments within compliance standards by provider type (A)
Unable to schedule appointment by provider type (A)
Appointments within compliance standards for routine appointments by provider type (A)
Appointments within compliance standards for urgent appointments by provider type (A)
Contact made by provider type for routine appointments (A)
Contact made by provider type for urgent appointments (A)
Number of services delivered to Medicaid beneficiaries by provider type (CAM)
Number of Medicaid beneficiaries who use telemedicine services (A)
Number of telemedicine services provided to Medicaid beneficiaries (A)
Top five originating sites of telemedicine services provided to Medicaid beneficiaries (A)
Other Measure 1 (A)
Other Measure 2 (A)

Table 10. Measures included in Template 7: Behavioral Health Services

Template 7 measures
Number of providers enrolled in Medicaid (CAM)
Number of licensed providers (CAM)
Number of billing (active) Medicaid-enrolled providers (OCAM)
Level of participation among Medicaid-enrolled providers—active (OCAM)
Level of participation among Medicaid-enrolled providers—limited (OCAM)
Level of participation among Medicaid-enrolled providers—inactive (OCAM)
Number of beneficiaries served (CAM)
Number of providers who billed CPT or modifier codes indicating that they saw new clients for this provider type (CAM)
Composite score for getting needed care (A)
Ease of referral for Medicaid patients (A)
Number of Health Professional Shortage Regions (HPSAs) (A)
Average distance (in miles) to reach provider among beneficiaries (A)
Average driving time (in minutes) to reach provider among beneficiaries (A)
Able to schedule appointment by provider type (A)
Appointments within compliance standards by provider type (A)

Template 7 measures
Unable to schedule appointment by provider type (A)
Appointments within compliance standards for routine appointments by provider type (A)
Appointments within compliance standards for urgent appointments by provider type (A)
Contact made by provider type for routine appointments (A)
Contact made by provider type for urgent appointments (A)
Number of services delivered to Medicaid beneficiaries by provider type (CAM)
Number of Medicaid beneficiaries who use telemedicine services (A)
Number of telemedicine services provided to Medicaid beneficiaries (A)
Top five originating sites of telemedicine services provided to Medicaid beneficiaries (A)
Other Measure 1 (A)
Other Measure 2 (A)

Table 11. Measures included in Template 8: Other Service Affected by Rate Changes

Template 8 measures
Number of providers enrolled in Medicaid (CAM)
Number of licensed providers (CAM)
Number of billing (active) Medicaid-enrolled providers (OCAM)
Level of participation among Medicaid-enrolled providers—active (OCAM)
Level of participation among Medicaid-enrolled providers—limited (OCAM)
Level of participation among Medicaid-enrolled providers—inactive (OCAM)
Number of beneficiaries served (CAM)
Number of providers who billed CPT or modifier codes indicating that they saw new clients for this provider type (CAM)
Composite score for getting needed care (A)
Ease of referral for Medicaid patients (A)
Average distance (in miles) to reach provider among beneficiaries (A)
Average driving time (in minutes) to reach provider among beneficiaries (A)
Able to schedule appointment by provider type (A)
Appointments within compliance standards by provider type (A)
Unable to schedule appointment by provider type (A)
Appointments within compliance standards for routine appointments by provider type (A)
Appointments within compliance standards for urgent appointments by provider type (A)
Contact made by provider type for routine appointments (A)
Contact made by provider type for urgent appointments (A)
Number of services delivered to Medicaid beneficiaries by provider type (CAM)
Number of Medicaid beneficiaries who use telemedicine services (A)
Number of telemedicine services provided to Medicaid beneficiaries (A)
Top five originating sites of telemedicine services provided to Medicaid beneficiaries (A)
Other Measure 1 (A)
Other Measure 2 (A)

Table 12. Measures included in Template 9: Medicaid Payment Rate Comparison

Template 9 measures
Year and Payer Labels
Service Type
CPT Code
Modifier
Provider Type
Rate Type
Rate Description
Payment Rate
Comment
Number of Medicaid Claim Lines

Table 13. Measures included in Template 10: Mechanisms for Beneficiary and Provider Input to Access to Care

Template 10 measures
Define mechanisms for receiving feedback
Specify the types of provider and beneficiary feedback data the state collects or intends to collect
Define an analysis plan based on the data to be collected

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