ATTACHMENT 1: NHeLP's Updated Proposed Metrics for CMS-2406-P2; RIN 0938-AT41							
Metric	***Recommended Threshold***	***Feasibility of Collection***	***Data Sources and stewards***	***Applicable Groups or Subpop-ulations***	***Indicators***	***Advantages and notes***	***Additional source information (where available)***
1. Measures for Availability of Care and Providers	1 PCP per 1200 adult beneficiaries	Calculation based on existing data	Participating providers determined by provider directories and provider contracts maintained by the state or MCO. Eligible providers determined by federal licensure lists.	Adults	Sets a baseline for provider participation to ensure that the state or plan contracts with sufficient providers to ensure access.	According to America's Health Rankings, as of October 2018 there were approximately 156.7 primary care physicians per 100,000 population ~ 1.88 per 1200. HRSA estimated in 2017 that an additional 6,900 primary medical care providers are necessary to meet current health care needs. Thus, a measure of 1 PCP per 1200 beneficiaries is a reasonable starting baseline, and is more generous than the standard already used by several states (e.g., Alabama, which uses a ratio of 1.5/1000)	https://www.americashealthrankings.org/explore/annual/measure/PCP/state/ALL
	1 Pediatric PCP per 1000 child enrollees	Calculation based on existing data	Participating providers determined by provider directories and provider contracts maintained by the state or MCO. Eligible providers determined by federal licensure lists.	Children	Sets a baseline for provider participation to ensure that the state or plan contracts with sufficient providers to ensure access.	See above - because children require more frequent visits, especially in early childhood, the ratio should be lower.	See above

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	At least 30% of PCPs offer office hours during evenings or weekends.	Would require CMS to develop survey.	Participating providers determined by provider directories and provider contracts maintained by the state or MCO.	All	Sets a baseline to ensure that beneficiaries who work during the traditional business day have access to primary care without taking time off of work.	We are not aware of any studies that suggest a particular threshold for the proportion of PCPs that offer "after hours" office hours. We believe that 30% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of providers is needed to provide adequate access to working beneficiaries.	
	At least 90% of eligible FQHCs participate	Calculation based on existing data	Participating providers determined by provider directories and provider contracts maintained by the state or MCO. Eligible providers determined by federal licensure lists.	All	Sets a baseline for provider participation to ensure that the state or plan contracts with sufficient providers to ensure access.	We are not aware of any studies that suggest a particular threshold for the proportion of participating FQHCs. Given that FQHC services must be provided in Medicaid, we believe that 90% is a reasonable starting threshold (similar to the threshold used in Medicare Advantage), which could be adjusted after CMS has had time to assess what level of providers is needed to provide adequate access to beneficiaries.	

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	At least 90% of eligible RHCs participate	Calculation based on existing data	Participating providers determined by provider directories and provider contracts maintained by the state or MCO. Eligible providers determined by federal licensure lists.	All	Sets a baseline for provider participation to ensure that the state or plan contracts with sufficient providers to ensure access.	We are not aware of any studies that suggest a particular threshold for the proportion of participating RHCs. Given that RHC services must be provided in Medicaid, we believe that 90% is a reasonable starting threshold (similar to the threshold used in Medicare Advantage), which could be adjusted after CMS has had time to assess what level of providers is needed to provide adequate access to beneficiaries.	
	At least 90% of Title X Family Planning Clinics participate	Calculation based on existing data	Participating providers determined by provider directories and provider contracts maintained by the state or MCO. Eligible providers determined by federal licensure lists.	Beneficiaries of reproductive age	Sets a baseline for provider participation to ensure that the state or plan contracts with sufficient providers to ensure access.	We are not aware of any studies that suggest a particular threshold for the proportion of participating Title X Clinics. Given that family planning services and supplies must be covered in Medicaid, we believe that 90% is a reasonable starting threshold (similar to the threshold used in Medicare Advantage), which could be adjusted after CMS has had time to assess what level of providers is needed to provide adequate access to beneficiaries.	

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	At least 90% of eligible Free Standing Birth Centers participate	Calculation based on existing data	Participating providers determined by provider directories and provider contracts maintained by the state or MCO. Eligible providers determined by federal or state licensure lists.	Pregnant women	Sets a baseline for provider participation to ensure that the state or plan contracts with sufficient providers to ensure access.	We are not aware of any studies that suggest a particular threshold for the proportion of participating Free Standing Birth Centers. Given that Free Standing Birth Center services must be provided in Medicaid, we believe that 90% is a reasonable starting threshold (similar to the threshold used in Medicare Advantage), which could be adjusted after CMS has had time to assess what level of providers is needed to provide adequate access to beneficiaries.	
	At least 90% of eligible Indian Health Care providers participate	Calculation based on existing data	Participating providers determined by provider directories and provider contracts maintained by the state or MCO. Eligible providers determined by federal or state licensure lists.	Native Americans and Alaska Natives	Sets a baseline for provider participation to ensure that the state or plan contracts with sufficient providers to ensure access.	We are not aware of any studies that suggest a particular threshold for the proportion of participating Indian Health Care providers. Given the special relationship between Medicaid and Indian Health, we believe that 90% is a reasonable starting threshold (similar to the threshold used in Medicare Advantage), which could be adjusted after CMS has had time to assess what level of providers is needed to provide adequate access to beneficiaries.	

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	At least 90% of eligible community mental health centers participate	Calculation based on existing data	Participating community mental health centers determined by provider directories and provider contracts maintained by the state or MCO. Eligible mental health centers determined by federal or state licensure lists.	All	Sets a baseline for provider participation to ensure that the state or plan contracts with sufficient providers to ensure access.	We are not aware of any studies that suggest a particular threshold for the proportion of participating Community Mental Health Centers. Given the importance of community-based mental health services in Medicaid, we believe that 90% is a reasonable starting threshold (similar to the threshold used in Medicare Advantage), which could be adjusted after CMS has had time to assess what level of providers is needed to provide adequate access to beneficiaries.	
	At least 50% of eligible retail pharmacies participate	Calculation based on existing data	Participating retail pharmacies determined by provider directories and provider contracts maintained by the state or MCO. Eligible pharmacies determined by federal or state licensure lists.	All	Sets a baseline for provider participation to ensure that the state or plan contracts with sufficient providers to ensure access.	We are not aware of any studies that suggest a particular threshold for the proportion of participating retail pharmacies. We believe that 50% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of providers is needed to provide adequate access to beneficiaries.	

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	For all threshold languages, at least 25% of providers or provider offices speak the threshold language	Requires provider survey	Participating providers determined by provider directories and provider contracts maintained by the state or MCO. Proportion of providers speaking threshold languages determined by provider survey.	LEP beneficiaries	Will establish whether sufficient numbers of providers are actually available to provide needed care to LEP beneficiaries.	We are not aware of any studies that suggest a particular threshold for the proportion of providers that speak other languages. We believe that 25% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of providers is needed to provide adequate access to LEP beneficiaries.	
	At least 70% of participating adult primary care providers are accepting new Medicaid patients.	Requires provider survey	Participating providers determined by provider directories and provider contracts maintained by the state or MCO. Secret shopper survey to determine number of contracted providers accepting new patients.	Adults	Will establish whether sufficient numbers of providers are actually available to provide needed care.	According to 2014–15 National Ambulatory Medical Care Survey data 68.2% of general / family practice physicians were accepting new Medicaid patients. Thus, a 70% threshold seems reasonable and will encourage appropriate provider participation.	https://www.healthaffairs.org/do/10.1377/hblog20190401.678690/full/

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	At least 70% of participating pediatric primary care providers are accepting new Medicaid patients.	Requires provider survey	Participating providers determined by provider directories and provider contracts maintained by the state or MCO. Secret shopper survey to determine number of contracted providers accepting new patients.	Children	Will establish whether sufficient numbers of providers are actually available to provide needed care.	According to 2014–15 National Ambulatory Medical Care Survey data 78.0% of pediatrians were accepting new Medicaid patients. Thus, a 70% threshold seems reasonable and will encourage appropriate provider participation.	https://www.healthaffairs.org/do/10.1377/hblog20190401.678690/full/
	At least 70% of participating women's health providers are accepting new Medicaid patients.	Requires provider survey	Participating providers determined by provider directories and provider contracts maintained by the state or MCO. Secret shopper survey to determine number of contracted providers accepting new patients.	Women	Will establish whether sufficient numbers of providers are actually available to provide needed care.	According to 2014–15 National Ambulatory Medical Care Survey data 81.1% of OB/GYNs were accepting new Medicaid patients. Thus, a 70% threshold seems reasonable and will encourage appropriate provider participation.	https://www.healthaffairs.org/do/10.1377/hblog20190401.678690/full/

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	At least 50% of participating adult behavioral health providers are accepting new Medicaid patients.	Requires provider survey	Participating providers determined by provider directories and provider contracts maintained by the state or MCO. Secret shopper survey to determine number of contracted providers accepting new patients.	Adults	Will establish whether sufficient numbers of providers are actually available to provide needed care.	According to 2014–15 National Ambulatory Medical Care Survey data 35.7% of psychiatristss were accepting new Medicaid patients. The Survey does not contain data on other types of behavioral health providers. Thus, a 50% threshold seems reasonable and will encourage appropriate provider participation.	https://www.healthaffairs.org/do/10.1377/hblog20190401.678690/full/
	At least 50% of participating pediatric behavioral health providers are accepting new Medicaid patients.	Requires provider survey	Participating providers determined by provider directories and provider contracts maintained by the state or MCO. Secret shopper survey to determine number of contracted providers accepting new patients.	Children	Will establish whether sufficient numbers of providers are actually available to provide needed care.	According to 2014–15 National Ambulatory Medical Care Survey data 35.7% of psychiatristss were accepting new Medicaid patients. The Survey does not contain data on other types of behavioral health providers, nor does it distinguish between psychiatrists serving adult versus pediatric patients. Thus, a 50% threshold seems reasonable and will encourage appropriate provider participation.	https://www.healthaffairs.org/do/10.1377/hblog20190401.678690/full/

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	At least 70% of participating adult specialists are accepting new Medicaid patients.	Requires provider survey	Participating providers determined by provider directories and provider contracts maintained by the state or MCO. Secret shopper survey to determine number of contracted providers accepting new patients.	Adults	Will establish whether sufficient numbers of providers are actually available to provide needed care.	The Merritt Hawkins 2017 Survey of Physician Appointment Wait Times and Medicare and Medicaid Acceptance Rates across 15 metropolitan areas found the following percentage of specialists accepting new patients: Cardiology – 77.1% Dermatology – 33.3% OB/GYN – 54.7% Orthopedic Surgery – 45.0% Family Medicine – 54.9% Avg Acceptance across 5 specialties – 53.0% Thus, we believe that 70% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of providers accepting new patients needed to provide adequate access to beneficiaries.	https://www.merritthawkins.com/uploadedFiles/MerrittHawkins/Content/Pdf/mha2017waittimessurveyPDF.pdf

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	At least 70% of participating pediatric specialists are accepting new Medicaid patients.	Requires provider survey	Participating providers determined by provider directories and provider contracts maintained by the state or MCO. Secret shopper survey to determine number of contracted providers accepting new patients.	Children	Will establish whether sufficient numbers of providers are actually available to provide needed care.	We are not aware of any studies of the proportion of pediatric specialists accepting new patients. The Merritt Hawkins cited above does not distinguish between adult and pediatric specialists. Still, based on the information about specialists over all,believe that 70% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of providers accepting new patients needed to provide adequate access to beneficiaries.	See above
	At least 70% of participating adult dentists are accepting new Medicaid patients. (When state covers adult dental.)	Requires provider survey	Participating providers determined by provider directories and provider contracts maintained by the state or MCO. Secret shopper survey to determine number of contracted providers accepting new patients.	Adults	Will establish whether sufficient numbers of providers are actually available to provide needed care.	We are not aware of any studies that suggest a particular threshold for the proportion of adult dentists that are accepting new patients. We believe that 70% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of providers accepting new patients needed to provide adequate access to beneficiaries.	

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	At least 70% of participating pediatric dentists are accepting new Medicaid patients.	Requires provider survey	Participating providers determined by provider directories and provider contracts maintained by the state or MCO. Secret shopper survey to determine number of contracted providers accepting new patients.	Children	Will establish whether sufficient numbers of providers are actually available to provide needed care.	We are not aware of any studies that suggest a particular threshold for the proportion of providers that are accepting new patients. The ADA has estimated that approximately two-thirds of pediatric dentists participate in Medicaid or CHIP nationally, though there is wide variation across states. Thus, we believe that 70% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of providers accepting new patients needed to provide adequate access to beneficiaries.	https://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIGraphic_0318_1.pdf?la=en
	At least 70% of referrals by PCPs to specialists are fulfilled.	May require provider survey or audit.	Number of referrals made must be counted or collected by PCP offices; number of specialist appointments made may be available in existing encounter data.	All	Will establish whether sufficient numbers of specialists are available to fulfill PCP referrals.	We are not aware of any studies that suggest a particular threshold for the proportion of specialty referrals that are fulfilled. We believe that 70% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of referral fulfillment represents adequate access.	

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	At least 70% of referrals by behavioral health providers to PCPs for beneficiaries with severe mental illness are fulfilled.	May require provider survey or audit.	Number of referrals made must be counted or collected by behavioral health provider offices; number of PCP appointments made may be available in existing encounter data.	Beneficiaries with severe mental illness	Will establish whether there are sufficient PCPs with capacity to serve beneficiaries with severe mental illness.	We are not aware of any studies that suggest a particular threshold for the proportion of PCP referrals that are fulfilled. We believe that 70% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of referral fulfillment represents adequate access.	
	At least 70% of PCP offices meet accessibility standards for beneficiaries with disabilities.	Develop and implement accessibility evaluation tool.	States or plans to implement accessibility tool and collect and report data.	All	Will establish whether there are sufficient PCPs with capacity to serve beneficiaries with disabilities.	We are not aware of any studies that suggest a particular threshold for the proportion of PCP offices that are accessible to people with disabilities. However, there is evidence that few PCP offices are accesible to people with disabilities, such as the cited studies from California and Minnesota. Given the high number of people with disabilities in Medicaid programs, measuring and monitoring access for this population should be high priority. Thus. we believe that 70% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of providers accepting new patients needed to provide adequate access to beneficiaries with disabilities.	https://www.ncbi.nlm.nih.gov/pubmed/22726856 https://www.ncbi.nlm.nih.gov/pubmed/28924919

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	At least 50% of other, non-PCP offices meet accessibility standards for beneficiaries with disabilities.	Develop and implement accessibility evaluation tool. California uses an accessibility tool in its Medicaid managed care program.	States or plans to implement accessibility tool and collect and report data.	All	Will establish whether there are sufficient non-PCP providers with capacity to serve beneficiaries with disabilities.	We are not aware of any studies that suggest a particular threshold for the proportion of non-PCP offices that are accessible to people with disabilities. A 2013 study of subspecialty practices in 4 US cities found that 22% of practices reported being unable to accommodate a patient in a wheelchair, 18% unable to transfer a patient from a wheelchair, 4% building is inaccessible. Another study of access to care in LA County among individuals with physcial or sensory disabilities found that 33% of non-Hispanic black adults had difficulty accessing a provider's office because of physical location or layout, compared to 14.4% of non-Hispanic whites. Addressing these disparities will require measuring and monitoring access for people with disabilities. Thus, we believe that 50% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of providers accepting new patients needed to provide adequate access to beneficiaries with disabilities.	Increasing the Physical Accessibilty of Health Care Facilities - 2017

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	At least 50% of hospitals meet accessibility standards for beneficiaries with disabilities.	Develop and implement accessibility evaluation tool. California uses an accessibility tool in its Medicaid managed care program.	States or plans to implement accessibility tool and collect and report data.	All	Will establish whether there are sufficient hospitals with capacity to serve beneficiaries with disabilities.	We are not aware of any studies that suggest a particular threshold for the proportion of hospitals that are accessible to people with disabilities. As described above, accessibility concerns for people with disabilities are significant. We believe that 50% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of providers accepting new patients needed to provide adequate access to beneficiaries with disabilities.	
	At least 50% of ancillary service locations meet accessibility standards for beneficiaries with disabilities.	Develop and implement accessibility evaluation tool. California uses an accessibility tool in its Medicaid managed care program.	States or plans to implement accessibility tool and collect and report data.	All	Will establish whether there are sufficient ancillary service locations with capacity to serve beneficiaries with disabilities.	We are not aware of any studies that suggest a particular threshold for the proportion of ancillary service locations that are accessible to people with disabilities. As described above, accessibility concerns for people with disabilities are significant. We believe that 50% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of providers accepting new patients needed to provide adequate access to beneficiaries with disabilities.	

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	At least 90% of adult beneficiaries have access to a participating adult primary care provider within 30 minutes or 10 miles.	Mapping based on existing provider participation data.	Participating providers and provider locations determined by provider directories and provider contracts maintained by the state or MCO.	Adults	Will establish that there are sufficient PCPs to serve adult beneficiaries within a reasonable geographic area.	A 2014 OIG report found that the 30 minute / 10 mile standard is used by several Medicaid managed care programs. The 90% compliance threshold is used in Medicare Advantage.	https://oig.hhs.gov/oei/reports/oei-02-11-00320.pdf
	At least 90% of child beneficiaries have access to a participating pediatric primary care provider within 30 minutes or 10 miles.	Mapping based on existing provider participation data.	Participating providers and provider locations determined by provider directories and provider contracts maintained by the state or MCO.	Children	Will establish that there are sufficient providers of pediatric primary care to serve child beneficiaries within a reasonable geographic area.	The 2014 OIG report found that the 30 minute / 10 mile standard is used by several Medicaid managed care programs, though it did not distinguish between standards for adults and pediatric providers. The 90% compliance threshold is used in Medicare Advantage.	https://oig.hhs.gov/oei/reports/oei-02-11-00320.pdf

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	At least 90% of female beneficiaries have access to a participating provider of women's health services within 30 minutes or 10 miles.	Mapping based on existing provider participation data.	Participating providers and provider locations determined by provider directories and provider contracts maintained by the state or MCO.	Women	Will establish that there are sufficient providers of women's health services to serve female beneficiaries within a reasonable geographic area.	California uses a 30 minute / 10 mile standard for primary care OB/GYNs in its managed care program. The 90% compliance threshold is used in Medicare Advantage.	https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-002A.pdf
	At least 90% of adult beneficiaries have access to a participating behavioral health provider within 30 minutes or 15 miles.	Mapping based on existing provider participation data.	Participating providers and provider locations determined by provider directories and provider contracts maintained by the state or MCO.	Beneficiaries with mental illness	Will establish that there are sufficient providers of pediatric behavioral health services to serve child beneficiaries within a reasonable geographic area.	California uses a 30 minute / 15 mile standard for adult and pediatric behavioral health services in its managed care program. The 90% compliance threshold is used in Medicare Advantage.	https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-002A.pdf

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	At least 90% of child beneficiaries have access to a participating pediatric behavioral health provider within 30 minutes or 15 miles.	Mapping based on existing provider participation data.	Participating providers and provider locations determined by provider directories and provider contracts maintained by the state or MCO.	Children	Will establish that there are sufficient providers of behavioral health services to serve adult beneficiaries within a reasonable geographic area.	California uses a 30 minute / 15 mile standard for adult and pediatric behavioral health services in its managed care program. The 90% compliance threshold is used in Medicare Advantage.	https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-002A.pdf

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	for all threshold languages, at least 25% of providers or provider offices speak the threshold language	Mapping based on existing provider participation data.	Participating providers and provider locations determined by provider directories and provider contracts maintained by the state or MCO.	All	Will establish that there are sufficient hospitals and emergency departments to serve beneficiaries within a reasonable geographic area.	In a 2013 survey of 4514 US hospitals, one-fourth of the hospitals in service areas with high or moderate need for language services and more than one-third of hospitals in service areas with low need did not offer language services. Private not-for-profit hospitals were most likely to offer language translation in both low and high need service areas (62.4%, 55.8%). Private for-profit were least likely to offer translation in low need areas (14.1%) and government hospitals in high-need service areas were least likely to offer translation in high need areas (19.4%). Urban hospitals were most likely to offer translation in high need areas (91.3%). The split in low-service areas is 67.4% - 32.6% urban/ rural. Given the high level of need, starting with a 25% threshold will allow CMS to assess current capacity and identify strategies for ensuring access by LEP beneficiaries.	https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2015.0955

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	At least 90% of beneficiaries have access to a participating retail pharmacy within 30 minutes or 10 miles.	Mapping based on existing provider participation data.	Participating providers and provider locations determined by provider directories and provider contracts maintained by the state or MCO.	All	Will establish that there are sufficient retail pharmacies to serve beneficiaries within a reasonable geographic area.	California uses a 30 minute / 10 mile standard for pharmacies in its managed care program. The 90% compliance threshold is used in Medicare Advantage.	
	At least 90% of adult beneficiaries have access to a participating dentist within 30 minutes or 10 miles (where the state covers adult dental).	Mapping based on existing provider participation data.	Participating providers and provider locations determined by provider directories and provider contracts maintained by the state or MCO.	Adults	Will establish that there are sufficient dentists to serve adult beneficiaries within a reasonable geographic area.	California uses a 30 minute / 10 mile standard for adult and pediatric primary care dentists in its managed care program. The 90% compliance threshold is used in Medicare Advantage.	https://www.dhcs.ca.gov/formsandpubs/Documents/AnnualNetworkCertDental2019.pdf
	At least 90% of child beneficiaries have access to a participating pediatric dentist within 30 minutes or 10 miles.	Mapping based on existing provider participation data.	Participating providers and provider locations determined by provider directories and provider contracts maintained by the state or MCO.	Children	Will establish that there are sufficient pediatric dentists to serve child beneficiaries within a reasonable geographic area.	California uses a 30 minute / 10 mile standard for adult and pediatric primary care dentists in its managed care program. The 90% compliance threshold is used in Medicare Advantage.	https://www.dhcs.ca.gov/formsandpubs/Documents/AnnualNetworkCertDental2019.pdf

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2. Measures for Beneficiary Reported Access:	80% of beneficiaries report having a usual source of primary care.	CAHPS or survey instrument similar to MEPS or MCBS.	Beneficiary survey to be administered by CMS or states.	All	Will evaluate whether most beneficiaries have a place to receive primary care.	This is a common beneficiary survey question. We recommend an 80% threshold as a starting point, which could be adjusted by CMS.	https://www.ahrq.gov/cahps/surveys-guidance/hp/about/survey-measures.html
	80% of adult beneficiaries report timely access to primary care	CAHPS or survey instrument similar to MEPS or MCBS.	Beneficiary survey to be administered by CMS or states.	Adults	Do beneficiaries perceive timely access to primary care?	This is a common beneficiary survey question. We recommend an 80% threshold as a starting point, which could be adjusted by CMS.	https://www.ahrq.gov/cahps/surveys-guidance/hp/about/survey-measures.html
	80% of beneficiaries report timely access to specialty care.	CAHPS or survey instrument similar to MEPS or MCBS.	Beneficiary survey to be administered by CMS or states.	All	Do beneficiaries perceive timely access to specialty care?	This is a common beneficiary survey question. We recommend an 80% threshold as a starting point, which could be adjusted by CMS.	https://www.ahrq.gov/cahps/surveys-guidance/hp/about/survey-measures.html
	80% of child beneficiaries report timely access to primary care.	CAHPS or survey instrument similar to MEPS or MCBS.	Beneficiary survey to be administered by CMS or states.	Children	Do beneficiaries perceive timely access to specialty care?	This is a common beneficiary survey question. We recommend an 80% threshold as a starting point, which could be adjusted by CMS.	https://www.ahrq.gov/cahps/surveys-guidance/hp/about/survey-measures.html
	80% of beneficiaries report timely access to urgent care.	CAHPS or survey instrument similar to MEPS or MCBS.	Beneficiary survey to be administered by CMS or states.	All	Do beneficiaries perceive timely access to urgent care?	This is a common beneficiary survey question. We recommend an 80% threshold as a starting point, which could be adjusted by CMS.	https://www.ahrq.gov/cahps/surveys-guidance/hp/about/survey-measures.html

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Metric	***Recommended Threshold***	***Feasibility of Collection***	***Data Sources and stewards***	***Applicable Groups or Subpop-ulations***	***Indicators***	***Advantages and notes***	***Additional source information (where available)***
	80% of beneficiaries report timely access to emergency care.	CAHPS or survey instrument similar to MEPS or MCBS.	Beneficiary survey to be administered by CMS or states.	All	Do beneficiaries perceive timely access to emergency care?	This is a common beneficiary survey question. We recommend an 80% threshold as a starting point, which could be adjusted by CMS.	https://www.ahrq.gov/cahps/surveys-guidance/hp/about/survey-measures.html
	Less than 10% of beneficiaries reporting difficulty finding a specialist/general clinician.	CAHPS or survey instrument similar to MEPS or MCBS.	Beneficiary survey to be administered by CMS or states.	All	Can identify trends in lack of specialty access.	This is a common beneficiary survey question. We recommend an 10% threshold as a starting point, which could be adjusted by CMS.	https://www.ahrq.gov/cahps/surveys-guidance/hp/about/survey-measures.html
	80% of adults with DSM major depression criteria received treatment	Survey instrument similar to National Comorbidity Survey II.	Beneficiary survey to be administered by CMS or states.	Adults with serious mental illness	Sets a baseline for treatment access for one of the most common mental health conditions.	We are not aware of any studies that suggest a particular threshold for the proportion beneficiaries with major depression to receive treatment. We believe that 80% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of treatment utilization is reasonable.	https://www.hcp.med.harvard.edu/ncs/
	80% of children with DSM major depression criteria received treatment	Survey instrument similar to National Comorbidity Survey II.	Beneficiary survey to be administered by CMS or states.	Children with serious mental illness	Sets a baseline for treatment access for one of the most common mental health conditions.	We are not aware of any studies that suggest a particular threshold for the proportion beneficiaries with major depression to receive treatment. We believe that 80% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of treatment utilization is reasonable.	https://www.hcp.med.harvard.edu/ncs/

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	80% of adults with DSM generalized anxiety disorder criteria received treatment	Survey instrument similar to National Comorbidity Survey II.	Beneficiary survey to be administered by CMS or states.	Adults with serious mental illness	Sets a baseline for treatment access for one of the most common mental health conditions.	We are not aware of any studies that suggest a particular threshold for the proportion beneficiaries with generalized anxiety disorder to receive treatment. We believe that 80% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of treatment utilization is reasonable.	https://www.hcp.med.harvard.edu/ncs/
	80% of children with DSM generalized anxiety disorder criteria received treatment	Survey instrument similar to National Comorbidity Survey II.	Beneficiary survey to be administered by CMS or states.	Children with serious mental illness	Sets a baseline for treatment access for one of the most common mental health conditions.	We are not aware of any studies that suggest a particular threshold for the proportion beneficiaries with generalized anxiety disorder to receive treatment. We believe that 80% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of treatment utilization is reasonable.	https://www.hcp.med.harvard.edu/ncs/
	80% of adults with DSM substance use disorder criteria received treatment	Survey instrument similar to National Comorbidity Survey II.	Beneficiary survey to be administered by CMS or states.	Adults with substance use disorder.	Sets a baseline for treatment access for beneficiaries with substance use disorder.	We are not aware of any studies that suggest a particular threshold for the proportion beneficiaries with substance use disorder to receive treatment. We believe that 80% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of treatment utilization is reasonable.	https://www.hcp.med.harvard.edu/ncs/

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	80% of children with DSM substance use disorder criteria received treatment	Survey instrument similar to National Comorbidity Survey II.	Beneficiary survey to be administered by CMS or states.	Children with substance use disorder.	Sets a baseline for treatment access for beneficiaries with substance use disorder.	We are not aware of any studies that suggest a particular threshold for the proportion beneficiaries with substance use disorder to receive treatment. We believe that 80% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of treatment utilization is reasonable.	https://www.hcp.med.harvard.edu/ncs/
	80% of beneficiaries diagnosed with heart disease received treatment in the preceeding 12 months	Would require CMS to develop survey.	Beneficiary survey to be administered by CMS or states.	All	Sets a baseline for treatment access for one of the most common chronic health conditions.	We are not aware of any studies that suggest a particular threshold for the proportion beneficiaries with heart disease to receive treatment. We believe that 80% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of treatment utilization is reasonable.	
	80% of beneficiaries diagnosed with cancer received treatment in the preceeding 12 months	Would require CMS to develop survey.	Beneficiary survey to be administered by CMS or states.	All	Sets a baseline for treatment access for one of the most common chronic health conditions.	We are not aware of any studies that suggest a particular threshold for the proportion beneficiaries with cancer to receive treatment. We believe that 80% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of treatment utilization is reasonable.	

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	80% of beneficiaries diagnosed with chronic obstructive pulmonary disease received treatment in the preceeding 12 months	Would require CMS to develop survey.	Beneficiary survey to be administered by CMS or states.	All	Sets a baseline for treatment access for one of the most common chronic health conditions.	We are not aware of any studies that suggest a particular threshold for the proportion beneficiaries with COPD to receive treatment. We believe that 80% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of treatment utilization is reasonable.	
	80% of beneficiaries who experienced a stroke received treatment in the preceeding 12 months	Would require CMS to develop survey.	Beneficiary survey to be administered by CMS or states.	All	Sets a baseline for treatment access for one of the most common chronic health conditions.	We are not aware of any studies that suggest a particular threshold for the proportion beneficiaries with strokes to receive treatment. We believe that 80% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of treatment utilization is reasonable.	
3. Measures regarding Service Utilization	80 % of beneficiaries referred to a specialist by a PCP obtained a specialty visit within 6 months.	May require provider survey or use of encounter data.	Provider survey or encounter data.	All	Tracks actual utilization of follow-up on specialty referrals to assess whether beneficiaries have appropriate access to specialty care.	We are not aware of any studies that suggest a particular threshold for the proportion beneficiaries referred to specialty care to see a specialist. We believe that 80% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of treatment utilization is reasonable.	

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	80% of beneficiaries referred to receive prenatal care have a prenatal visit within 4 weeks.	May require provider survey or use of encounter data.	Provider survey or encounter data.	Pregnant women	Tracks actual utilization of follow-up on prenatal referrals to assess whether beneficiaries have appropriate access to prenatal care.	We are not aware of any studies that suggest a particular threshold for the proportion beneficiaries referred to prenatal care to see a specialist. We believe that 80% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of treatment utilization is reasonable.	
	80% of beneficiaries referred to a behavioral health provider by a PCP obtained a behavioral health visit within 6 months.	May require provider survey or use of encounter data.	Provider survey or encounter data.	All	Tracks actual utilization of follow-up on behavioral health referrals to assess whether beneficiaries have appropriate access to behavioral health care.	We are not aware of any studies that suggest a particular threshold for the proportion beneficiaries referred to behavioral health care to see a specialist. We believe that 80% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of treatment utilization is reasonable.	
	80% of prescriptions written for Medicaid beneficiaries are filled within 4 weeks.	May require provider survey or use of encounter data.	Provider survey or encounter data.	All	Tracks actual utilization of follow-up on prescriptions written to assess whether beneficiaries have appropriate access to prescription drugs.	We are not aware of any studies that suggest a particular threshold for the proportion beneficiaries who fill their prescriptions. We believe that 80% is a reasonable starting threshold, which could be adjusted after CMS has had time to assess what level of treatment utilization is reasonable.	

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	Women able to access: Pap smears, breast cancer screenings, chlamydia screenings, etc. based on most recent HEDIS median scores.	Existing HEDIS data.	NCQA	Female beneficiaries	Will help establish whether female beneficiaries have appropriate access to recommended screenings.	Thresholds to be based on current medians.	https://www.ncqa.org/hedis/
	Children able to access appropriate immunizations and/or seasonal vaccines based on most recent HEDIS median scores.	Existing HEDIS data.	NCQA	Child beneficiaries	Will help establish whether child beneficiaries have appropriate access to recommended immunizations.	Thresholds to be based on current medians.	https://www.ncqa.org/hedis/

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	Adults able to access appropriate immunizations and/or seasonal vaccines based on most recent HEDIS median scores.	Existing HEDIS data.	NCQA	Adult beneficiaries	Will help establish whether adult beneficiaries have appropriate access to recommended immunizations.	Thresholds to be based on current medians.	https://www.ncqa.org/hedis/
	Adults able to access appropriate interventions for chronic conditions including heart disease, diabetes, etc. based on most recent HEDIS median scores.	Existing HEDIS data.	NCQA	Adult beneficiaries	Will help establish whether adult beneficiaries have appropriate access to recommended immunizations.	Thresholds to be based on current medians.	https://www.ncqa.org/hedis/
	Urgent care appointments for medical or dental services are available within 48 hours of request.	Will require survey of providers or audit of appointment scheduling systems.	Medicaid providers	All	Do beneficiaries have timely access to urgent care. Based on California's Medicaid Managed Care Standards.	CMS could work with states and providers to develop appointment scheduling systems that automatically track the request for an appointment relative to the date it is scheduled.	https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-002A.pdf

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	Non-urgent appointments for primary and specialty care are available within 15 business days of request.	Will require survey of providers or audit of appointment scheduling systems.	Medicaid providers	All	Do beneficiaries have timely access to non-urgent care. Based on California's Medicaid Managed Care Standards.	CMS could work with states and providers to develop appointment scheduling systems that automatically track the request for an appointment relative to the date it is scheduled.	https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-002A.pdf
	Non-urgent appointments with a non-physician mental health care provider are available within 10 business days of request .	Will require survey of providers or audit of appointment scheduling systems.	Medicaid providers	All	Do beneficiaries have timely access to behavioral health care. Based on California's Medicaid Managed Care Standards.	CMS could work with states and providers to develop appointment scheduling systems that automatically track the request for an appointment relative to the date it is scheduled.	https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-002A.pdf

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	Non-urgent appointments for ancillary services for the diagnosis or treatment of injury, illness, or other health condition are available within 15 business days of request.	Will require survey of providers or audit of appointment scheduling systems.	Medicaid providers	All	Do beneficiaries have timely access to ancillary care. Based on California's Medicaid Managed Care Standards.	CMS could work with states and providers to develop appointment scheduling systems that automatically track the request for an appointment relative to the date it is scheduled.	https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-002A.pdf
	Non-urgent dental appointments are offered within 30 business days of request.	Will require survey of providers or audit of appointment scheduling systems.	Medicaid providers	All	Do beneficiaries have timely access to non-urgent dental care. Based on California's Medicaid Managed Care Standards.	CMS could work with states and providers to develop appointment scheduling systems that automatically track the request for an appointment relative to the date it is scheduled.	https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-002A.pdf

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4. Comparison of Payments:	Provider payment rates for primary care are set at least 90% of the Medicare rate.	Based on existing provider payment rate data.	CMS (Medicare rates), states (Medicaid rates)	All	Are primary care providers paid a sufficient rate to provide services to Medicaid beneficiaries? CMS would presume that a rate that meet or exceeds 90% of Medicare is sufficient, and would require proof of sufficiency.	Would allow states to bypass a more detailed showing of rate sufficiency if its rates meet or exceed 90% of Medicare rates.	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FeeScheduleGenInfo/index.html
	Provider payment rates for specialty care are set at least 90% of the Medicare rate.	Based on existing provider payment rate data.	CMS (Medicare rates), states (Medicaid rates)	All	Are specialty care providers paid a sufficient rate to provide services to Medicaid beneficiaries? CMS would presume that a rate that meet or exceeds 90% of Medicare is sufficient, and would require proof of sufficiency.	Would allow states to bypass a more detailed showing of rate sufficiency if its rates meet or exceed 90% of Medicare rates.	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FeeScheduleGenInfo/index.html

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	Provider payment rates for behavioral health care are set at least 90% of the Medicare rate.	Based on existing provider payment rate data.	CMS (Medicare rates), states (Medicaid rates)	All	Are behavioral health providers paid a sufficient rate to provide services to Medicaid beneficiaries? CMS would presume that a rate that meet or exceeds 90% of Medicare is sufficient, and would require proof of sufficiency.	Would allow states to bypass a more detailed showing of rate sufficiency if its rates meet or exceed 90% of Medicare rates.	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FeeScheduleGenInfo/index.html
	Provider payment rates for ancillary services are set at least 90% of the Medicare rate.	Based on existing provider payment rate data.	CMS (Medicare rates), states (Medicaid rates)	All	Are ancillary care providers paid a sufficient rate to provide services to Medicaid beneficiaries? CMS would presume that a rate that meet or exceeds 90% of Medicare is sufficient, and would require proof of sufficiency.	Would allow states to bypass a more detailed showing of rate sufficiency if its rates meet or exceed 90% of Medicare rates.	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FeeScheduleGenInfo/index.html

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	Provider payment rates for hospital-based services are set at least 90% of the Medicare rate.	Based on existing provider payment rate data.	CMS (Medicare rates), states (Medicaid rates)	All	Are hospital-based providers paid a sufficient rate to provide services to Medicaid beneficiaries? CMS would presume that a rate that meet or exceeds 90% of Medicare is sufficient, and would require proof of sufficiency.	Would allow states to bypass a more detailed showing of rate sufficiency if its rates meet or exceed 90% of Medicare rates.	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FeeScheduleGenInfo/index.html