

July 5, 2011

Donald Berwick, MD
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Attention: Proposed Rule on Methods for Assuring Access to Covered Medicaid Services (CMS-2328-P)

Dear Dr. Berwick:

The HIV Medicine Association (HIVMA) and the Ryan White Medical Providers Coalition (RWMP) thank the Centers for Medicare & Medicaid Services (CMS) for the opportunity to comment on the proposed rule for assuring access to covered Medicaid services. HIVMA represents more than 4,600 HIV clinicians and researchers working on the frontlines of the HIV/AIDS epidemic in communities across the country. The RWMP represents medical providers working in clinics from nearly every state working in Ryan White-funded medical programs that predominantly serve patients with HIV infection that are low-income and are either uninsured or have Medicaid coverage.

The Medicaid program is the single largest source of coverage for people with HIV infection in the United States. Currently, 40 percent of patients with HIV infection rely on Medicaid for health coverage, and we expect that number to grow in 2014 with the Medicaid expansion. As a result, HIV clinics and programs are disproportionately burdened by low Medicaid payment rates and face serious challenges to developing sustainable HIV programs that can provide the comprehensive HIV and primary care services essential to effective management of HIV infection.

We strongly support the CMS effort to create a standardized and transparent process for states to comply with section 1902(a)(30)(A) of the Social Security Act. The proposed Rule is an important step toward developing a national framework for ensuring state transparency and accountability with regards to evaluating whether Medicaid payments rates are adequately supporting reliable and sufficient access to services for Medicaid beneficiaries.

We urge you to consider the following recommendations to strengthen the proposed Rule and to promote meaningful state evaluations of access to Medicaid-funded services.

Access Data Review

- **Require Uniform Data Elements and Cost Studies:** While we appreciate the need for state flexibility in measuring access to Medicaid services, we are concerned that without requiring certain data elements, access reviews may fail to measure whether Medicaid beneficiaries truly have access to care. We urge CMS to require state Medicaid access reviews to include the following core data elements:
 - Cost studies
 - The number of physicians accepting new Medicaid patients
 - Emergency room utilization among Medicaid beneficiaries
 - The patient/physician ratio in Medicaid versus private health plans.

Access Review Timeframe and Monitoring

- **Strengthen Monitoring Requirements:** We strongly support the need for ongoing monitoring of access to care following changes in reimbursement levels. We also recommend that the states be required to publicly report and address any decline in access to services following rate reductions.
- **Require Beneficiary and Provider Input into Corrective Actions:** We also urge CMS to reconsider requiring beneficiary (and provider) input into state corrective action plans when access issues are identified. Working together, providers, beneficiaries and state Medicaid officials will be able better able to identify the root of the problem and to develop the most effective solutions.

Stakeholder Input on Access to Care

- **Require Input from Providers:** We strongly support requirements for obtaining beneficiary input regarding access to care. We urge CMS to also require states to seek input from Medicaid providers regarding access to Medicaid services. Medicaid providers are uniquely positioned to report on their ability to refer their patients to specialists and other service providers, such as mental health and substance use treatment providers. We specifically urge that states seek feedback from providers caring for Medicaid beneficiaries with chronic conditions, such as HIV infection, since the health of these patients is highly dependent on their ability to have reliable and ongoing access to a range of Medicaid-funded services. States could be directed to identify Medicaid HIV providers through the HIV/AIDS Bureau at the Health Resources and Services Administration.
- **Require Sufficient Time for Stakeholder Input:** To ensure a meaningful stakeholder engagement process, we urge CMS to require a minimum 60-day public comment period to allow sufficient time for beneficiaries and providers to review and respond to proposals.
- **Require States to Proactively Seek Beneficiary and Provider Input on Access to Care:** We recommend requiring states to proactively engage beneficiaries and providers for input through

focus groups or public forums rather than solely relying on passive mechanisms for soliciting their valuable perspectives.

Public Notice of Rate Changes

- **Require Notification for All Payment Changes:** We support the proposal to require public notification of any rate changes that are being considered rather than limiting notification to changes that are considered “significant.” “Significant” payment changes are relative to the baseline payment and other factors and difficult to reasonably define across service categories.

Medicaid Managed Care Plans

- **Develop a National Framework for Evaluating Access for Medicaid Managed Care Beneficiaries:** We are concerned that the proposed Rule does not apply to Medicaid managed care plans given that most states have adopted or are implementing Medicaid managed care programs. The impact of the proposed Rule on beneficiary access to Medicaid services will be diminished unless similar standards for transparency and accountability are applied to Medicaid managed care plans.

HIVMA and RWMPC greatly appreciate the opportunity to comment on the proposed Rule as well as your leadership in transforming Medicaid and Medicare into programs that promote high value health care through improved health outcomes and the cost effective delivery of services. Please do not hesitate to contact us through the HIVMA Executive Director Andrea Weddle at aweddle@hivma.org or the RWMPC Convener Jenny Collier at jennycollierjd@yahoo.com with questions or comments regarding our recommendations.

Sincerely,



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