NATIONAL HEALTH COUNCIL

July 3, 2023

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd
Baltimore, MD 21244

Re: Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality

Dear Administrator Brooks-LaSure:

The National Health Council (NHC) thanks the Centers for Medicare & Medicaid Services (CMS) for the opportunity to provide input on the proposed rule providing new oversight for Medicaid managed care programs. The proposed rule will strengthen the managed care access standards in the 2016 Managed Care Rule and strengthen the ability to track and compare quality measures for managed care organizations.

Created by and for patient organizations over 100 years ago, the NHC brings diverse organizations together to forge consensus and drive patient-centered health policy. We promote increased access to affordable, high-value, equitable, and sustainable health care. Made up of more than 155 national health-related organizations and businesses, the NHC's core membership includes the nation's leading patient organizations. Other members include health-related associations and nonprofit organizations including the provider, research, and family caregiver communities; and businesses and organizations representing biopharmaceuticals, devices, diagnostics, generics, and payers.

Our specific comments on the proposed rule are below.

Patient Experience Oversight

Long wait times for appointments and difficulty identifying providers within their network can create frustration and deter people from seeking care. This rule establishes several new ways to improve the patient experience, and the NHC supports these efforts by the CMS.

The NHC supports the requirements that states set standards for appointment waiting times for primary care, OB/GYN services, and mental health and substance use disorder services that are aligned with the standards for qualified health plans (QHPs) in the federally-run Marketplaces in 2025. These standards will be an important step in assuring patient access.

The new requirement that states conduct annual "secret shopper" surveys to assess compliance with the appointment waiting time standards and test the accuracy of provider directories is also a significant step to improving the patient experience. Posting the results of these tests will help individual patients and patient advocates better understand if there are individual or systemic issues. The NHC encourages the CMS to work with plans, providers, and patients to monitor the effectiveness of this approach, analyze results to assure that they are reflecting the true experiences of patients, and develop strategies for addressing systemic issues when identified.

However, we recognize that there is a need to build an infrastructure to decrease wait times and make sure that providers, payers, and patients have the right tools to meet new standards. This includes addressing workforce shortages that may lead to longer wait times. In addition, standards should be aligned with the capacity of payers and providers. We encourage the CMS to engage providers and patients in this process to decrease the overall burden on and encourage provider participation.

In Lieu of Services (ILOS)

The required set of parameters for allowable ILOS arrangements will help eliminate uncertainty for states in designing ILOS, which will hopefully lead to an increase in investments by health systems in addressing social needs. The CMS should clarify that capitation is sufficient to account for new ILOS and state plan services.

Quality and Plan Selection

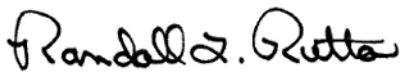
The proposed rule will align quality requirements across different payers and programs. This is important to patients as this quality information is one of the key factors used to help select a plan — in addition to cost. We also believe that aligning mandatory measures and stratification of measures with those used in the Child and Adult Core Set of Health Care Quality Measures will help ease the administrative burden on providers and plans.

All the alignment of quality measures will not benefit patients if they are not transparent and presented in a way that is usable to the public. The rules propose a robust Quality Rating System (QRS) website that will make it easier for beneficiaries to compare plans based on specific criteria that is important to the user, such as race/ethnicity, age, costs, and coverage. It aligns the requirements with current rules that provide beneficiaries with “choice” counseling to aid in the selection of a plan that meets their unique need.

Conclusion

The NHC thanks the CMS for the opportunity to provide input on this important issue. Please do not hesitate to contact Eric Gascho, Senior Vice President of Policy and Government Affairs, if you or your staff would like to discuss these comments in greater detail. He is reachable via e-mail at egascho@nhcouncil.org.

Sincerely,



Randall L. Rutta
Chief Executive Officer