

May 22, 2018

Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-4182-P
Mail Stop C4-26-05
7500 Security Blvd
Baltimore, MD 21244-1850

RE: Medicaid Program; Methods for Assuring Access to Covered Medicaid Services- Exemptions for States With High Managed Care Penetration Rates and Rate Reduction Threshold (83 FR 12696, March 23, 2018).

Dear Administrator Verma:

The American Association of Nurse Practitioners (AANP), representing more than 248,000 nurse practitioners (NPs) in the United States, appreciates the opportunity to provide comment in response to the proposed rule: Medicaid Program; Methods for Assuring Access to Covered Medicaid Services- Exemptions for States With High Managed Care Penetration Rates and Rate Reduction Threshold (83 FR 12696, March 23, 2018).

NPs are advanced practice registered nurses who are prepared at the masters or doctoral level to provide primary, acute, chronic and specialty care to patients of all ages and walks of life. Daily practice includes: assessment; ordering, performing, supervising and interpreting diagnostic and laboratory tests; making diagnoses; initiating and managing treatment including prescribing medication and non-pharmacologic treatments; coordinating care; counseling; and educating patients and their families and communities. NPs practice in nearly every health care setting including clinics, hospitals, Veterans Affairs and Indian Health Care facilities, emergency rooms, urgent care sites, private physician or NP practices (both managed and owned by NPs), nursing homes, schools, colleges, retail clinics, public health departments, nurse managed clinics, homeless clinics, and home health. NPs hold prescriptive authority in all 50 states and the District of Columbia. It is important to note that 86.6% of NPs are certified in primary care, the majority of whom see Medicare and Medicaid patients. NPs complete more than one billion patient visits annually.

In this proposed rule, CMS proposes an exemption to the reporting of state access monitoring review plans (AMRPs) for states that have an 85% or greater Medicaid managed care penetration rate, and exemptions for state plan amendment (SPA) analyses for rate reductions below certain thresholds. Instead of the current impact analysis required for SPAs, CMS would require an assurance that data indicates that

the access requirements of the Social Security Act would be met.¹ The rationale behind the proposed rule is that these requirements are burdensome on the states reporting the data.

AMRP Exemption

We are concerned about the proposal to exempt states with Medicaid Managed Care penetration rates 85% or higher from submitting AMRPs. While we understand that the reports do create some burden on states, the reports provide valuable detailed information on access to care for the Medicaid population. Many states with managed care penetration rates over 85% still have very large fee for service (FFS) populations, and these reports are important in ensuring that the FFS population has appropriate access to health care. For example, Arizona reported that in 2015 over 88% of their Medicaid beneficiaries were enrolled in managed care, but the FFS population was still approximately 210,000 beneficiaries.² Nurse practitioners are heavily involved in the treatment of Medicaid patients, 82.9% state they are treating Medicaid patients, and access to care for Medicaid beneficiaries is vitally important to the nurse practitioner community.

The access data compiled in AMRPs is necessary to ensuring that the Medicaid population has access to health care, and will also aid CMS in its ongoing initiatives to improve rural health care and combat the opioid crisis by identifying the areas in greatest need of access. As an alternative, we would suggest that State Medicaid agencies that are required to submit similar reports under state law, such as Maryland, be authorized to submit the state report in lieu of an AMRP. This would maintain access to vital data, while also reducing duplicative reporting.

SPA Exemption

While we agree that requiring impact analyses for every change in payment rates is burdensome, the thresholds in this proposed rule (4% over one year and 6% over two years) are more than nominal and we suggest that CMS lower those thresholds. Declining reimbursement has a significant impact on access to health care, particularly for Medicaid patients where low reimbursement has already led to access issues and long wait times for care. It is important to understand the impact on these reimbursement changes before they are adopted and access to health care becomes an issue for Medicaid beneficiaries.

We thank you for the opportunity to comment on this proposed rule. We look forward to working with CMS to ensure that Medicaid patients have access to high-quality health care. Should you have comments or questions, please direct them to MaryAnne Sapio, V.P. Federal Government Affairs, msapio@aanp.org, 703-740-2529.

Sincerely,



David Hebert
Chief Executive Officer

¹ 83 FR 12696, 12696-12697. (The proposed rate thresholds are 4% or less of overall spending within an affected state plan service category for a single fiscal year, or 6% or less over two consecutive fiscal years.

² Arizona Health Care Cost Containment System 2016 Access Monitoring Review Plan, <https://www.medicaid.gov/medicaid/access-to-care/downloads/review-plans/az-amrp-16.pdf>, page 2.