



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Submitted electronically to www.regulations.gov

January 11, 2019

Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
7500 Security Blvd
Baltimore, MD 21244

RE: File Code – CMS-2408-P

Dear Administrator Verma:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments on the Medicaid Program: Medicaid and Children's Health Insurance Plan (CHIP) Managed Care.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 198,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

ASHA appreciates the intent of promoting flexibility, strengthening accountability, and maintaining and enhancing program integrity in the Medicaid Managed Care Program. However, ASHA is concerned about aspects of the proposed rule that affect reimbursement, as well as restrictions that impede beneficiary access to covered services and providers. Low reimbursement rates, coupled with restrictive network adequacy standards, combine to disincentivize providers from joining or continuing participation in Medicaid Managed Care Organization (MCO) networks.

Payment Rates

ASHA supports a standard for base rates to ensure continued beneficiary access to care. ASHA further supports network flexibility that allows for a payment rate range rather than a capitated amount. The Centers for Medicare & Medicaid Services (CMS) supports flexibility by allowing states to establish negotiated plan rate ranges for the MCO rather than setting arbitrary capitated rates; however, the current fee-for-service (FFS) Medicaid rate for the state should be the minimum rate. When negotiated plan rates are lowered, it logically follows that provider reimbursement are impacted. As the representative provider organization, ASHA is concerned about the subsequent impact on providers and their patients.

Under §1902(a)(30)(A) of the Social Security Act, state Medicaid programs are required to ensure that provider payments are “consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers” to provide access to care and services comparable to those generally available.¹ ASHA strongly recommends that these requirements be appropriately enforced for MCOs in the Medicaid program. Depending on the state plan, some states allow MCOs to set a range lower than the FFS rate. Florida is one example where the MCO is allowed to reimburse below the base FFS rate. Other states, like South Carolina, may honor the current FFS rate for grandfathered providers in MCOs only, but require new providers to accept 80% of the FFS rate.

Network Adequacy

The proposed rule replaces the requirement to develop time and distance standards with a more flexible requirement to set a quantitative minimum access standard for specified health care and long-term services and supports (LTSS) providers. While flexibility has its place, the lack of minimum national guidance may lead to standards that result in long wait times and/or long drives to appointments, especially for those in need of specialty services.²

ASHA opposes establishing a ratio of provider to patient because this formula does not consider individual patient needs. Even within specific disciplines, ensuring appropriate access to providers to meet a range of patient needs is a complex task. For example, a speech-language pathologist with expertise in treating aphasia among adult patients recovering from a stroke or traumatic brain injury, may not be able to effectively care for a child requiring pediatric dysphagia treatment.³

ASHA requests that CMS consider the Managed Care Rule issued in 2016, which states the general three-year phase in for program changes.⁴ Many of the plan changes took effect on July 1, 2018. With only limited experience with the current policy implementation, the recommendation for setting new standards at this time may be premature.

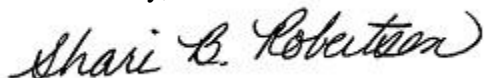
ASHA opposes the proposal to replace time and distance standards with the more flexible minimum access standard. Elimination of such standards may diminish provider and beneficiary transparency and subsequently the ability of such individuals to hold the MCOs accountable for ensuring network adequacy.⁵

Oversight

ASHA requests that CMS provide clear and concise guidance to the state Medicaid agencies to improve oversight of current and future programs. In the proposed rule, CMS recommends greater flexibility for the MCOs to set standards and rates for the plan, but does not establish review guidance or structured oversight requirements for standards by state Medicaid agencies. ASHA members who report concerns about network adequacy and reimbursement to the MCOs are often directed to state Medicaid agencies. Unfortunately, state agencies provide little oversight once the contract between the state and MCO is executed. If the MCOs have more latitude, oversight will be even more challenging. ASHA also requests that CMS hold state Medicaid agencies accountable for beneficiary access regardless of whether the beneficiaries receive care under FFS or through an MCO.

Thank you for the opportunity to provide comments on the Medicaid Program: Medicaid and Children's Health Insurance Plan (CHIP) Managed Care proposed rule. If you or your staff have any questions, please contact Laurie Alban Havens, ASHA's director of health care policy, Medicaid and private health plans, at lalbanhavens@asha.org.

Sincerely,



Shari B. Robertson, PhD, CCC-SLP
2019 ASHA President

¹ Social Security Administration. (2014). *Compilation of The Social Security Laws*. Retrieved from https://www.ssa.gov/OP_Home/ssact/title19/1902.htm.

² Families USA. (2014). *Network Adequacy and Health Equity: Improving Private Health Insurance Provider Networks for Communities of Color*. Retrieved from http://familiesusa.org/sites/default/files/product_documents/ACT_Network%20Adequacy%20Brief_final_082214_web.pdf.

³ The American Speech-Language-Hearing Association. (2016). *Practice in Speech-Language Pathology [Scope of Practice]*. Retrieved from <https://www.asha.org/uploadedfiles/sp2016-00343.pdf>.

⁴ Office of the Federal Register. 2016. *Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability*. Retrieved from <https://www.federalregister.gov/documents/2016/05/06/2016-09581/medicaid-and-childrens-health-insurance-program-chip-programs-medicare-managed-care-chip-delivered>.

⁵ Families USA. (2014). *Network Adequacy and Health Equity: Improving Private Health Insurance Provider Networks for Communities of Color*. Retrieved from http://familiesusa.org/sites/default/files/product_documents/ACT_Network%20Adequacy%20Brief_final_082214_web.pdf.