



September 11, 2019

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-2406-P
P.O. Box 8016
Baltimore, MD 21244-8016

Dear Administrator Verma:

On behalf of the American Academy of Family Physicians (AAFP), which represents 134,600 family physicians and medical students across the country, I write in response to the [proposed rule](#) titled, "Medicaid Program: Methods for Assuring Access to Covered Medicaid Services – Rescission" as published by the Centers for Medicare & Medicaid Services (CMS) in the July 15, 2019 *Federal Register*. **The AAFP does not support the proposed rescission of the Medicaid access rule, which could jeopardize access to critical Medicaid coverage to millions of Americans, and strongly urges CMS to withdraw the proposed rule.**

The proposed rule outlines how the agency intends to ease states' administrative burden associated with the current process states use to document whether Medicaid payments in fee-for-service (FFS) systems are sufficient to enlist enough providers to assure beneficiary access to covered care and services. Furthermore, the proposed rule discusses the agency's belief that mandating states to collect the specific information excessively constrains state freedom to administer the program in the manner that is best for the state and Medicaid beneficiaries in the state.

The AAFP shares CMS' commitment to reducing administrative burden on states and clinicians. However, the proposed rule as written may affect millions of Americans, especially those in rural areas or vulnerable patient populations, most dependent on Medicaid. Instead of rescinding the Medicaid access rule, CMS should thoroughly review data that has been reported by states in their respective access monitoring review plans (AMRPs) in 2016 and their upcoming October 1, 2019 submissions. Doing so would better evaluate access in the Medicaid program and to identify any deficiencies that may need to be addressed to ensure Medicaid beneficiaries have access to the care they need.

The access monitoring requirements enacted under the 2015 rule were a positive first step to ensure beneficiaries can access needed services. States were first required to submit an AMRP by October 1, 2016 and the next submissions are due October 1, 2019. The initial AMRP's submitted by states vary in quality and how access is measured. The AAFP encourages CMS to build on this first step, review 2019 submissions, and improve our understanding of access in the states before loosening the monitoring requirements.

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It is critical that Medicaid beneficiaries have access to high quality, necessary services when they need them, and this is especially true for those on Medicaid who have a disability or a chronic or complex health condition. Delays in accessing needed treatments and services can lead to poorer outcomes and unnecessary costs to the health care system, and federal oversight is needed to ensure the Medicaid program is serving our nation's most vulnerable. This is true regardless of whether Medicaid is delivered through FFS or managed care.

The AAFP strongly encourages CMS to consider and adhere to the logical reasons articulated by the Medicaid and CHIP Payment and Access Commission (MACPAC) [comment letter](#) sent to CMS on May 21, 2018. MACPAC stated that:

"monitoring access under FFS remains important for a number of reasons. First, more than half of Medicaid spending nationally is for services provided under FFS arrangements. Second, the populations that are most likely to remain in FFS Medicaid, such as individuals with disabilities, are among the most vulnerable, and ensuring their access to services is particularly important given their high health needs. Third, even in states with high managed care penetration, some services, such as long-term services and supports, dental services, and behavioral health services, are carved out of managed care contracts and provided through FFS arrangements. Furthermore, monitoring access can be used to support assessment of program value, act as a mechanism for accountability, and help identify problems and guide program improvement efforts."

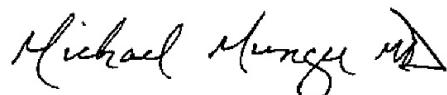
The AAFP fully agrees with MACPAC in this regard. It is critical that CMS monitor rate reductions and maintain a process for beneficiaries and providers to provide input on the implications of rate reductions.

The AAFP urges CMS to maintain an opportunity for public input on state Medicaid payment rate changes. Any changes to payment rates that could affect access must be subject to a public comment opportunity. Doing so would ensure transparency, incorporate broad stakeholder perspective, and guard against unintended consequences. While the AAFP would support an aligned strategy to analyze Medicaid access across programs, CMS must maintain the current structure until any new approach finalized.

As a better way to ensure Medicaid access for the tens of millions of Americans that receive these important and necessary services, the AAFP calls for urgent state and federal efforts to raise Medicaid physician payment levels to at least Medicare rates for services rendered by a primary care physician. Payment rates in Medicaid are seriously low, especially for primary care. Nationwide, Medicaid payment is 66 percent that of Medicare for primary care services and can be as low as 33 percent of Medicare rates depending on the state. Lack of parity between these rates has historically created a demonstrable barrier to health care access for low-income, disabled, and elderly Medicaid enrollees, as many physicians are unable to afford new Medicaid patients due to low payment rates.

We appreciate the opportunity to provide these comments. Please contact Robert Bennett, Federal Regulatory Manager, at 202-655-4908 rbennett@aafp.org with any questions.

Sincerely,



Michael Munger, MD, FAAFP
Board Chair