



February 24, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-4192-P; Medicare Program; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs

Dear Administrator Brooks-LaSure:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 133,500 family physicians and medical students across the country, I write in response to the Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs [proposed rule](#) as published in the January 12, 2022, *Federal Register*.

Amend Network Adequacy Rules by Requiring a Compliant Network at Application

CMS removed network adequacy reviews from the application process for contract year 2019. CMS conducts triennial reviews of clinician networks, but these reviews are not part of the application process. Under current policy, failures detected during network reviews are not a basis to deny an application and CMS expects plans to cure deficiencies and meet network adequacy standards once coverage begins on January 1 of the following year. However, CMS noted in the proposed rule that plans continued to have failures in their networks once the plans were operational.

As a result, CMS proposes to review clinician networks as part of the plan's application process for new and expanding service areas. Failures detected during network adequacy reviews will be considered reason for application denial. **The AAFP strongly supports this proposal. We agree with CMS' assertion that network adequacy reviews are a critical component for confirming that access to care is available for enrollees in a given MA plan.**

The AAFP has long [supported](#) strong federal network adequacy standards and oversight. **Robust clinician networks are vital to ensuring Medicare beneficiaries have timely, equitable access to comprehensive primary care and other health services.** We are concerned that patients enrolled in plans operating with insufficient networks may experience care delays, which can worsen health outcomes and health disparities. Therefore, we agree that network reviews should be part of the application process and that network failures should be considered reason for application denial.

As telehealth coverage and utilization proliferates as a result of the COVID-19 public health emergency, the AAFP urges CMS to facilitate patients' access to telehealth services within the medical home. Telehealth offered by a patient's usual source of care can expand timely access to

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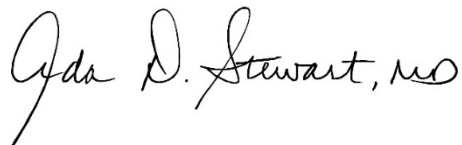
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care while also improving care continuity and quality. For example, primary care physicians often connect patients to community-based services to address unmet health-related social needs and coordinate care across various physicians and other clinicians. Standalone telehealth services, such as those provided by direct-to-consumer companies, are not connected with resources in patients' communities nor are they positioned to follow-up with other clinicians involved in a patient's care. We previously expressed [concerns](#) that standalone telehealth services would result in care fragmentation for Medicare beneficiaries and opposed the proposal to provide MA plans with credit toward meeting network adequacy requirements if covered telehealth services were available. **The AAFP urges CMS to modify current MA network adequacy standards to clarify that plans can only receive additional credit toward network adequacy standards for clinicians offering both telehealth and in-person care in the network.**

Thank you for the opportunity to provide comments on the proposed rule. The AAFP looks forward to working with HHS to continue to improve Medicare beneficiaries' access to comprehensive primary care. Should you have any questions, please contact Meredith Yinger, Senior Regulatory Strategist, at myinger@aaafp.org or 202-235-5126.

Sincerely,

A handwritten signature in black ink that reads "Ada D. Stewart, MD". The signature is written in a cursive, flowing style.

Ada D. Stewart, MD, FAAFP
Board Chair, American Academy of Family Physicians