



January 14, 2019

Submitted electronically via: <http://regulations.gov/>

Administrator Seema Verma
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, D.C. 20201

Re: Comment on Medicaid Program; Medicaid and Children's Health Insurance Plan (CHIP) Managed Care (CMS-2408-P)

Dear Administrator Verma:

The Alliance for Connected Care ("the Alliance") welcomes the opportunity to provide feedback on the Centers for Medicare & Medicaid Services' (CMS') Medicaid and CHIP managed care proposed rule, which, among other provisions, promotes flexibility with respect to network adequacy standards, specifically in the context of telemedicine. We are grateful for your continued leadership in championing policies that help make virtual care an option for patients and clinical providers alike.

The Alliance is a 501(c)(6) organization dedicated to creating a statutory and regulatory environment in which insurers and providers can deliver, and be adequately compensated for providing, safe, high quality care using connected care technology. Our members are leading health care and technology companies from across the health care spectrum, representing insurers, health systems and technology innovators. The Alliance works in partnership with an Advisory Board of more than 20 patient and provider groups, including groups representing patients with chronic disease.

As reflected in the comments below, the Alliance applauds CMS' proposal to amend the network adequacy standards that states must establish for specified provider types in Medicaid and CHIP managed care to provide more flexibility. The Alliance is committed to enabling a regulatory environment in which entities may leverage telemedicine and remote patient monitoring to improve the quality of care while also lowering costs and improving efficiency, and we believe this important reform will serve all three of those aims while continuing to ensure access to care for beneficiaries.

Currently, managed care organizations (MCOs) must meet certain time and distance requirements in order to fulfill network adequacy standards which are determined by the state. However, CMS notes that states have expressed concern that "[i]n some situations, time and distance may not be the most effective type of standard for determining network adequacy" and that analyses of such standards have shown that they do not accurately reflect provider availability. Further, in the proposed rule, CMS notes that "a state that has a heavy reliance on telehealth in certain areas of the state may find that a provider to enrollee ratio is more useful in measuring meaningful access" of a Medicaid enrollee to his or her benefits.



In place of the arbitrary time and distance network adequacy standard, CMS is proposing to allow states the flexibility to “set a quantitative minimum access standard for specified health care providers and LTSS providers.” The new network adequacy standard would allow states the ability to more accurately frame network adequacy standards around measurements such as minimum provider-to-enrollee ratios, hours of operation requirements, a minimum percentage of contracted providers that are accepting new patients, and combinations of these measurements. For instance, allowing states to implement a standard that requires MCOs to have a specified minimum percentage of providers, including telehealth providers, who accept Medicaid can improve access to care over the current time and distance standard, which has the potential to limit the enrollees’ options with respect to accessing health care services.

The 2018 Deloitte Survey of U.S. Health Care Consumers found that 86 percent of adult Medicaid beneficiaries own smartphones, and 69 percent own tablets. These figures are on par with the general adult population across the country, at 86 percent and 72 percent, respectively. Additionally, 29 percent of Medicaid beneficiaries reported ownership of a “wearable,” or a personal device that tracks health data.¹ Since such a vast population of Medicaid enrollees own these devices, allowing managed care plans to better incorporate telehealth and remote patient monitoring services as part of their benefit packages would indeed increase Medicaid enrollees’ access to health care.

Further, as CMS notes in the proposed rule, such a change in network adequacy standards would also greatly enhance the flexibility of states and MCOs to offer telehealth services to their enrollees and ensure that those who are entitled to benefits have the appropriate access and ability to receive them.

Since many telehealth services do not have the same constraints as brick-and-mortar physicians’ offices, like hours of operation or low provider-to-enrollee ratios, they are well suited to provide needed access to care for many Medicaid enrollees, regardless of their geographic location.

Thus, the Alliance strongly supports CMS’ proposal to move away from time and distance network adequacy standards and move toward a model that incorporates quantitative minimum access standards.

The Alliance greatly appreciates CMS’ leadership and dedication to ensuring that Medicaid enrollees are able to realize the benefits of telemedicine. We appreciate the opportunity to provide feedback on redefining network adequacy standards in Medicaid and CHIP managed care, and look forward to continuing to work with CMS to increase access to high quality connected care for Medicaid and Medicare beneficiaries alike.

If you have any additional questions, please do not hesitate to contact us. I can be reached at krista.drobac@connectwithcare.org.

Sincerely,

¹ “2018 Survey of US Health Care Consumers.” Deloitte. 7 September 2018. <https://www2.deloitte.com/insights/us/en/industry/public-sector/mobile-health-care-app-features-for-patients.html>



ALLIANCE *for*
CONNECTED CARE

Krista Drobac

Krista Drobac
Executive Director
Alliance for Connected Care