

July 3, 2023

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd
Baltimore, MD 21244–1850

Re: Medicaid Program; Medicaid and Children’s Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality; Proposed Rule - CMS-2439-P

Dear Administrator Brooks-LaSure:

The American Kidney Fund appreciates the opportunity to provide comments on the Centers for Medicare and Medicaid Services’ (CMS) proposed rule: “Medicaid Program; Medicaid and Children’s Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality.”

The American Kidney Fund (AKF) fights kidney disease on all fronts as the nation’s leading kidney nonprofit. AKF works on behalf of the 37 million Americans living with kidney disease, and the millions more at risk, with an unmatched scope of programs that support people wherever they are in their fight against kidney disease—from prevention through transplant. Through programs of prevention, early detection, financial support, disease management, clinical research, innovation and advocacy, no kidney organization impacts more lives than AKF. AKF is one of the nation’s top-rated nonprofits, investing 97 cents of every donated dollar in programs, and holds the highest 4-Star rating from Charity Navigator and the Platinum Seal of Transparency from GuideStar.

Medicaid plays a vital role in helping enrollees prevent and manage chronic conditions such as chronic kidney disease and its leading causes, diabetes and hypertension. Studies have shown the difference in health status in the states that expanded Medicaid and those that did not: 75% of new end-stage renal disease (ESRD) cases are due to diabetes and hypertension/heart disease, and people who live in Medicaid expansion states have better blood pressure and blood glucose levels.¹

Additionally, compared to states that did not expand Medicaid, people living in states that did expand the program had lower mortality rates in the first year for people who started dialysis

¹ <https://www.medicalnewstoday.com/articles/medicaid-expansion-improves-hypertension-and-diabetes-control>

and, in those states, more patients were preemptively placed on the transplant list so they could be on dialysis for a shorter time.²³

However, issues with access to needed and timely care in both Medicaid fee-for-service and Medicaid managed care can have serious adverse effects on the health of beneficiaries. AKF commends CMS for the proposals in this rule that will improve access to care for beneficiaries in Medicaid managed care.

Access and network standards

AKF strongly supports the proposed requirement that states adopt and enforce standards for appointment waiting times. We particularly support the proposal that would require routine appointments be made within 15 business days of request for adult and pediatric primary care and OB/GYN care, and 10 business days of request for adult and pediatric outpatient mental health and substance use disorder (SUD) services. We believe that adding these waiting time standards will improve beneficiary access to care in Medicaid managed care.

However, to further strengthen access to care, we recommend that CMS should also require a similar appointment waiting time standard for specialists. People with chronic kidney disease or who are at risk, including people with diabetes, depend on access to specialists. For these beneficiaries, specialists may be the providers they encounter the most and depend on for vital treatments and clinical expertise for their specific chronic condition(s). The federally run Marketplaces will begin implementing waiting time standards for Qualified Health Plans (QHPs) in 2025, including a standard for specialists, so this recommendation would help to align Medicaid and Marketplace policy. Given the number of people who depend on Medicaid for health coverage, and the number of people who may churn between Marketplace and Medicaid coverage, there is no reason that Medicaid should not have the same standards as Marketplace coverage.

In addition, while we support the addition of appointment waiting time standards, they alone are not enough to improve access. We also urge CMS to require states to implement quantitative standards that include time and distance standards or a similar geographic measure of access. Again, this would help align Medicaid and Marketplace policy, and it would help address health disparities for beneficiaries in rural areas.

AKF strongly supports the proposed requirements for conducting secret shopper surveys and enrollee experience surveys. We support the specific proposals that would require states to conduct secret shopper surveys on an annual basis; use entities that are independent of the state Medicaid agency and the managed care organizations (MCOs); and require secret shopper surveys to test the accuracy of the MCO provider directories with respect to primary care,

² <https://ldi.upenn.edu/our-work/research-updates/addressing-kidney-transplant-waiting-list-disparities-through-medicaid-expansion/>

³ <https://jamanetwork.com/journals/jama/fullarticle/2710505>

OB/GYN, and outpatient mental health and SUD providers. We also support the proposed reporting requirements for the secret shopper survey results and the enrollee experience surveys.

We believe these proposed requirements will help states and CMS monitor appointment waiting times and other access standards, and evaluate the availability of providers in Medicaid managed care plans. To further strengthen the monitoring of access to care, we recommend that CMS also use secret shopper surveys to develop or verify other key metrics, such as telehealth capacity, linguistically and culturally competent services, and accessibility. Additionally, for enrollee experience surveys, we recommend that CMS use a single instrument (CAHPS) to facilitate comparison of data across states.

Finally, while we support these important access and network standards proposals discussed above, we recommend CMS accelerate the timeline for their implementation to 2025, which would be in alignment with the implementation of similar requirements in the Marketplace. This would ensure that enrollees in Medicaid managed care and the Marketplace have access to these requirements that aim to improve their access to care.

Medicaid Managed Care Quality Rating System

AKF supports the new proposed framework for the Medicaid managed care Quality Rating System (QRS), which includes mandatory measures, a rating methodology, and a mandatory website format that will allow enrollees to compare plans based on quality and other factors key to plan selection, such as the plan's drug formulary and provider network. We are particularly supportive of the proposed requirement for states to implement on their QRS website an interactive tool that enables users to view quality ratings stratified by certain demographic and other factors. Stratification of quality measures is critical to identifying health disparities and developing solutions to address them.

However, assuming publication of a final rule in spring 2024, implementation of the QRS framework would not be required until the end of 2028, and the interactive QRS website tools would be required no earlier than two years after that. We recommend that CMS accelerate the timeline for QRS framework implementation to 2026 and website changes to 2028.

Thank you for the opportunity to provide comments on this proposed rule.

Sincerely,



Holly Bode
Vice President of Government Affairs