



ACAP
Association for Community
Affiliated Plans

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Bob Thompson, Chairman | Margaret A. Murray, Chief Executive Officer

July 5, 2011

Donald Berwick, MD, MPP, FRCP
Administrator
Centers for Medicare & Medicaid Services
Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Ave. SW Room 445-G
Washington, DC 20201

RE: CMS-2328-P; Proposed Rule Medicaid Program; Methods for Assuring Access to Covered Medicaid Services

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

Dear Dr. Berwick:

The Association for Community Affiliated Plans (ACAP) appreciates the opportunity to comment on the proposed rule that would establish standardized methods for assuring access to covered Medicaid services. ACAP is an association of 58 nonprofit, safety net plans in 28 states dedicated to serving approximately 8 million publicly insured individuals.

ACAP and our member plans are strong supporters of improving and ensuring access for individuals enrolled in Medicaid and CHIP. In fact, risk-based managed care organizations since their inception have worked to ensure access and to meet specific standards detailed in the contracts with their state partners. For example, most contracts have network adequacy standards based on factors such as geographic access, availability of primary care providers based on membership, and inclusion of required specialists. In addition, risk-based managed care organizations are strong advocates of quality measurement and quality improvement activities and have demonstrated increases in quality scores associated with improved care and better access to care.

This, coupled with the strong regulatory framework required in 42 CFR 438, supports the CMS position that the proposed rule should not apply to managed care organizations. ACAP completely agrees that applying this rule to managed care would be both unnecessary and duplicative. However, it is not clear how the proposed regulations



interface with the actuarial soundness standards for managed care rates. We urge CMS to incorporate into the actuarial soundness review process similar standards (1) for transparency in rate setting for managed care organizations and (2) requiring states to evaluate the impact of managed care rate cuts on access to care. We at ACAP look forward to working with CMS as they consider future proposals to ensure the adequacy of the current framework.

Moreover, similar access and quality standards do not exist in the fee-for-service delivery system, including primary care case management programs where most services are reimbursed on a fee-for-service basis. Therefore, we agree that the fee-for-service delivery system would benefit from standards for access and quality and support the proposed regulation.

In closing, we would like to thank you for giving ACAP this opportunity to comment on this important proposal to assure access for vulnerable populations.

Sincerely,

A handwritten signature in black ink that reads 'Deborah Kilstein'. The signature is written in a cursive, flowing style.

Deborah Kilstein
Vice President Quality Management
and Operational Support