



July 2, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, SW, Room 445-G
Washington, D.C. 20201

RE: CMS–2439–P; Proposed Medicaid Program; Medicaid and Children’s Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality Rule. “Managed Care Rule.”

Submitted online at: <https://www.regulations.gov/commenton/CMS-2023-0071-0001>

Dear Administrator Brooks-LaSure,

On behalf of the Louisiana Rural Health Association (LRHA), thank you for the opportunity to provide comments on the above listed proposed “Managed Care Rule”.

LRHA is a membership association that is made up of Louisiana rural health care providers. This includes rural health clinics (RHCs); federally qualified health centers (FQHCs); and rural hospitals across the state. LRHA works to provide a unified voice that promotes and enhances the quality of rural health in Louisiana.

In this letter, we offer comments to several provisions related to provider networks.

Enrollee Experience Surveys (§§ 438.66(b) and (c), 457.1230(b))

We support the proposal to require states to conduct an annual enrollee experience survey for each Managed Care Organization (MCO) and use the results to inform plan performance evaluations.

While we do not advocate for a specific survey tool that states would be required to use, the survey instrument and process chosen by a state should complement the processes used to monitor and maintain network adequacy and access. This alignment will allow a state to better assess a MCO’s ability to provide access to health providers for Medicaid beneficiaries.

We believe it could be beneficial for CMS to require that all states use the same survey tool to allow for comparison of outcomes and benchmarking among and across states.

Appointment Wait Time Standards (§§ 438.68(e), 457.1218)

We support the proposal to require states to create new appointment wait time standards. We believe that appointment wait time standards are one tool that can be used to address the issue of incorrect provider information that seems to populate MCO provider directories. Specifically, we believe this would help to ensure that information regarding providers that are currently accepting Medicaid patients is accurate and up-to-date.

In Louisiana, wait times are currently required for the provider specialty types indicated in the proposed rule, among several other specialties. Therefore, our providers have experience with wait time standards for the Medicaid population. However, our members, who include many primary care providers, have voiced concerns about the wait times for specialty care in particular. Our members state that wait times for specialists routinely exceed six (6) months, despite a requirement that specialty care be available to members in a much shorter period of time. We are concerned that these excessive wait times are due to an insufficient number of specialists available to treat patients in rural areas who also accept Medicaid. We encourage CMS to focus its policymaking on proposals that would increase the number of specialists available in rural areas, with a special focus on ensuring these providers are enrolled in Medicaid. We believe that sufficient reimbursement rates and reduced provider administrative burden are essential to encourage more specialists to accept rural Medicaid patients.

Secret Shopper Surveys (§§ 438.68(f), 457.1207, 457.1218)

We support your proposal to require states to work with independent entities to conduct the secret shopper surveys.

It is important for states to use independent organizations that have specific expertise in provider outreach to complete the task to ensure the secret shopping analysis is completed in the best possible manner. This also allows for data to be collected in such a way as to allow MCOs to improve the quality of provider data and member-facing information and access.

Our members have also expressed that having access to the results of state secret shopping audits would be beneficial to improve their internal processes and procedures.

Conclusion

LRHA thanks CMS for the opportunity to comment on this proposed rule. If you would like additional information, please contact Denaé Hebert at dhebert@lrha.org or 337.366.5915.

Sincerely,



Denaé M. Hebert
Executive Director
Louisiana Rural Health Association