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CMS-2406-P2

Medicaid Program: Methods for Assuring Access to Covered Medicaid Services - Rescission

The Alaska State Hospital and Nursing Home Association (ASHNHA) is submitting comments on the Centers for Medicare & Medicaid Services' (CMS) proposed rule to rescind requirements that states assess their Medicaid fee-for-service (FFS) provider payments to determine if they are sufficient to ensure beneficiary access to covered services.

ASHNHA is a member organization representing the combined interests of hospitals and nursing homes in Alaska. ASHNHA's membership includes private, for-profit, not-for-profit and tribal hospitals and nursing homes. Our mission is to provide effective statewide leadership to address health care delivery challenges affecting all Alaskans.

Except for within the tribal health system, Alaska's Medicaid provider payments are all made based on a fee-for-service or cost-based methodology. We support moving toward value-based payments, but this has not yet happened in Alaska at scale, so the proposed rule will have a significant impact on Alaska patients and providers.

We are very concerned that CMS is planning to rescind the current regulatory requirements for states to assess their Medicaid provider payments to determine if such payments affect beneficiary access to care. By removing this important oversight function, CMS's proposal would put beneficiary access to care at risk.

The Alaska Medicaid program is currently implementing several cost containment measures, many of which involve cutting payments to providers. As these changes are being presented to Legislative committees, the Alaska Department of Health and Social Services regularly refers to CMS requirements that they develop and submit an access monitoring review plan. This is how they communicate to legislators, providers, and recipients that they will monitor the impacts on access and ensure that beneficiaries are able to receive covered services.

The removal of this requirement would leave the Alaska Medicaid program without a regulatory structure and process for the state and thus CMS to assess the adequacy of payment rates in ensure beneficiary access. We strongly request the agency to withdraw this rescission.

CMS cites states' concerns about administrative burden and notes that a number of states

raised concerns over the resources needed to monitor implications of payment decisions on access for a “relatively small population in fee-for-service.” While this may be true in some states, the reality is that in Alaska and other small states, most of the Medicaid population remains in fee-for-service arrangements.

We understand that CMS is developing a new process to include convening workgroups and technical expert panels that include state and federal stakeholders. However, we are concerned this will not be able to specifically focus on the unique needs of the Alaska Medicaid program and believe a state-specific access monitoring plan is necessary. At the very least CMS should first develop and implement the new process before rescinding the current regulatory framework. Alaska is a long way from Washington, DC and it is essential that we have a local process to monitoring access and not rely solely on expert panels that never set foot in Alaska.

We support efforts to reduce burden and regulatory requirements but urge CMS not to reduce burden at the possible expense of access to care for Medicaid’s most vulnerable populations including children and disabled adults.

ASHNHA strongly urges CMS to withdraw this proposed rule to rescind the current regulatory requirements. Thank you for the opportunity to provide comments. Please contact me if you have questions at (907) 586-4068.

Thank you for the opportunity to provide comments on the proposed regulations.

Sincerely,

A handwritten signature in blue ink that reads "Jeannie Monk".

Jeannie Monk
Senior Vice President