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Association of
American Medical Colleges
655 K Street, N.W., Suite 100, Washington, D.C. 20001-2399
T 202 828 0400
www.aamc.org

November 1, 2022

Ms. Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-2421-P
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Administrator Brooks-LaSure:

RE: Streamlining Medicaid, Children’s Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes (CMS-2421-P)

The Association of American Medical Colleges (AAMC or the Association) welcomes the opportunity to respond to the Centers for Medicare & Medicaid Services’ (CMS or the Agency) proposed rule entitled “Streamlining the Medicaid, Children’s Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes.” The Association supports CMS’ proposals to ensure eligible individuals are enrolled and remain enrolled in Medicaid and the Children’s Health Insurance Program (CHIP).

The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members comprise all 156 accredited U.S. medical schools; 14 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and nearly 80 academic societies. Through these institutions and organizations, the AAMC leads and serves America’s medical schools and teaching hospitals and the millions of individuals across academic medicine, including more than 191,000 full-time faculty members, 95,000 medical students, 149,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Following a 2022 merger, the Alliance of Academic Health Centers and the Alliance of Academic Health Centers International broadened the AAMC’s U.S. membership and expanded its reach to international academic health centers.

Increase Reimbursement to Improve Access

Insurance coverage alone does not guarantee access. Low Medicaid reimbursement rates also exacerbate access issues. These low payment rates relative to other payers directly impact lower physician participation in the program. On average, Medicaid fee-for-service physician rates are two-thirds of Medicare rates.¹ Comparatively low Medicaid reimbursement rates may also limit access to in-network behavioral health specialists; only 36 percent of psychiatrists accept new Medicaid patients.² CMS

¹ <https://www.macpac.gov/medicaid-101/provider-payment-and-delivery-systems/>

² <https://www.macpac.gov/wp-content/uploads/2021/06/Chapter-2-Access-to-Mental-Health-Services-for-Adults-Covered-by-Medicaid.pdf>

should focus on increasing Medicaid base rates to improve equitable access to needed services for Medicaid beneficiaries including increasing access to integrated behavior health services.

Despite low reimbursement rates, AAMC member teaching hospitals and their associated faculty practice plans continue to work to ensure access for all Medicaid patients. However, low Medicaid rates may place even greater challenges and a disproportionate burden on these providers if other providers choose not to accept new Medicaid patients. According to the Medicaid and CHIP Payment and Access Commission (MACPAC), while some physicians are less likely to accept new patients covered by Medicaid than those with Medicare and private insurance, the acceptance of both new and established patients covered under Medicaid was highest among physicians practicing in most clinic settings and teaching physicians who provide clinical care through faculty practice plans.³

AAMC-member teaching hospitals provide care for a disproportionately high percentage of Medicaid beneficiaries, as well as for those who are uninsured. While only 5 percent of U.S. hospitals, AAMC members account for 26 percent of Medicaid hospitalizations and 30 percent of hospital charity care. In addition to primary care, these institutions and their associated providers also furnish specialty and subspecialty care that often cannot be accessed in other care settings.⁴

Ensure Access to Needed Care by Strengthening Network Adequacy Standards

The use of narrow networks by Medicaid Managed Care Organizations (MCOs) has expanded, often excluding teaching hospitals and their associated providers who furnish primary, specialty and sub-specialty care and behavioral health services. To address access and ensure the availability of sub-specialty care and behavioral health care, Medicaid should institute minimum network adequacy standards for MCOs to ensure coverage as well as optimizing telemedicine capabilities.

Teaching hospitals and their associated physicians and other providers are an important part of ensuring access to high-quality, cutting-edge treatments. Excluding these institutions and physicians from networks limits patients' access to specialized and sub-specialized care and behavioral health services that often is only furnished at teaching hospitals. Ensuring that MCOs have robust provider networks, including teaching hospitals and their associated providers, will safeguard Medicaid beneficiaries' access to a greater number and type of providers, to meet their health care needs.

CMS should strengthen network adequacy standards for Medicaid MCOs and should require states and MCOs to identify and address access issues that are a direct result of inadequate networks. CMS should consider aligning Medicaid MCO network adequacy standards with the standards that govern plans in the federal Marketplace and Medicare Advantage. Given that those standards are designed to operate nationwide with sufficient flexibility to account for geographic and other differences, they can be incorporated into the Medicaid program.

Engage Trusted Community Partners to Facilitate Interactions Between the State and Community Members

The proposed rule seeks to ensure eligible individuals' enrollment in Medicaid and CHIP by extending timeframes for beneficiaries to respond to requests for information to determine eligibility and aligning

³ <https://www.macpac.gov/publication/physician-acceptance-of-new-medicaid-patients-findings-from-the-national-electronic-health-records-survey/>

⁴ Source: AAMC analysis of AHA Annual Survey Database FY 2020 and NIH Extramural Research Award data. Note: Data reflect all short-term, general, nonfederal hospitals.

Administrator Brooks-LaSure

November 1, 2022

Page 3

enrollment with other state programs. The Association supports these efforts. To decrease churn, we also encourage the Agency to collaborate with trusted community partners to help educate individuals about Medicaid and CHIP enrollment eligibility and alternative options for coverage. The [AAMC Center for Health Justice](#) has valuable resources on engaging with community leaders as outlined in its [10 Principles of Trustworthiness](#).

Community partnerships are most successful when they are built on trust, respect, and a shared vision. CMS should continue to work with states and communities to identify ways to proactively engage with community partners who are trusted, respected and knowledgeable individuals, institutions, or organizations. Partnerships like this can facilitate meaningful interaction between the state and community members/community partners to communicate such things as the importance of responding to requests for information and alternative health insurance options. Effective bi-directional communication channels help build and sustain a shared leadership and trust to meet the needs of all individuals. We believe that leveraging these connections will facilitate enrollment and the submission of required information to determine eligibility. This is particularly important as states face the task of redetermining Medicaid eligibility for current enrollees once the public health emergency ends.

CONCLUSION

Thank you for the opportunity to respond to this proposed rule. We would be happy to work with CMS on any of the issues discussed in this letter or other topics that involve the academic medical community. If you have questions regarding our comments, please feel free to contact Mary Mullaney (mmullaney@aamc.org).

Sincerely,

Rosha C. McCoy MD

Rosha Champion McCoy, M.D., F.A.A.P.
Acting Chief Health Care Officer

cc: David J. Skorton, M.D., AAMC CEO and President
Ivy Baer, JD, MPH, Senior Director and Regulatory Counsel