

PUBLIC SUBMISSION

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(CMS-10391) Methods for Assuring Access to Covered Medicaid Services

Comment On: CMS-2022-0041-0001
(CMS-10391) Methods for Assuring Access to Covered Medicaid Services

Document: CMS-2022-0041-0002
Comment on CMS-2022-0041-0001

Submitter Information

Name: Anonymous Anonymous

General Comment

To whom it may concern,

The purpose of this communication is to document feedback related to notice CMS-10391 regarding methods for assuring access to covered Medicaid services. My name is Greg Manning, and I am currently finishing my master's degree in Pharmaceutical Outcomes and Policy at the University of Florida. I am also a Business Operations Manager for a small clinical research site network in Florida. As a research site, I collaborate with many older Americans who are low income or suffer from debilitating health issues. For this reason, I felt it necessary to provide feedback.

Often these Americans do not understand how their coverage works and rely on providers, healthcare staff, and agencies to explain. These Americans trust the system. I comment the regulations requiring access monitoring review plan (AMRP), which requires states to monitor the effects of changes to services over three years to spot issues and trends. This data can be reviewed and commented on prior to future restructuring, providing beneficiaries, providers, and other stakeholders the ability to have their voices heard.

Requiring providers to report the costs for servicers under 1815(a) and 1833(e) of the act, provides much needed transparency for the program. Medicare and Medicaid do not have inexhaustible funding. This reporting allows for a standardized approach to cost determination

and helps protect the program. I would be concerned about the requirement to have these reports written by qualified authors. Not all provider businesses have a qualified and unbiased record keeper, capable of producing adequate documentation.

It is commendable that the Good Cause Provision protects the American who is unable to pay premiums for unforeseen reasons. Most individuals utilizing services are elderly, at risk for major health complication, or suffering from debilitating illnesses. It is only natural to encounter serious health circumstances that may prevent payment. These provisions allow CMS to reinstate enrollment without interruption in coverage, providing securing for many Americans.

I hope that as our population continues to age and we encounter new medical concerns, that our regulations continue to evolve to protect both Americans, and the programs meant to serve them. The processes outlined in this notice will go a long way in ensuring the programs viability in the years to come.

Sincerely,
Greg Manning